



# OUR HOSPITALS THROUGH THE YEARS



Compiled by

MARY SHEPHERD



1958

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Compiled by  
L. MARY SHEPHERD  
Director of Nursing  
Winnipeg Municipal Hospitals  
1958



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## *Preface*

The record of our Winnipeg Municipal Hospitals has been compiled so that we may know the long and interesting story of our Hospitals through the years, and that we might watch the growth and steady progress made despite depression years, wars, staff shortages, epidemics and floods until, today, we have three modern, well equipped hospitals serving not only the citizens of Winnipeg but of the entire Province of Manitoba.

This record would be incomplete without special tribute being paid to the tremendous work carried on throughout the years by the Health Department.

The progress of Medicine along with the active preventive programs have almost eradicated such diseases as Typhoid Fever, Diphtheria and Small-pox, which once were so prevalent.

This record would be incomplete, too, if we did not have a glimpse of what Winnipeg was like in those early days.

Special mention has been made of the many hospitals and buildings which housed patients ill with communicable diseases before our hospitals were eventually built, and as extra accommodation during early epidemics.

These hospitals and buildings included the following: Winnipeg General Hospital, Emily Street Annex, Pest House, Quarantine Hospital, Scarlet Fever Hospital, Temporary Hospital, Logan Avenue Annex, North Winnipeg Hospital and the La Salle Hotel.

Very little is known about some of these buildings and much research has been necessary in an effort to piece this portion of our story together.

The entire record has, of necessity, been compiled in chronological order and includes only contagious diseases admitted to these hospitals, not those prevalent in Winnipeg and cared for at home or elsewhere.

Thus, in searching back through the years, we find that we go back to the very first days of the Winnipeg General Hospital, where patients with Typhoid Fever were cared for.



## *Acknowledgments*

Much appreciation is extended to our Hospital Commission and our Administrator for making all annual reports available to me, for almost all of the material used has been authentically recorded from these reports, as well as from the City of Winnipeg Manuals and records kept in the Nursing Office.

Much appreciation is also extended to the Winnipeg Free Press and the Winnipeg Tribune for their kindness and help in searching back to find pictures and information from the early days of Winnipeg, and for making these available to me for use in this article.

Appreciation is extended to Miss Ethel Johns, author of "The Winnipeg General Hospital School of Nursing, 1887-1953" for information used from this book regarding the care of patients with contagious diseases during the years prior to the opening of our Hospitals in 1911, and to Dr. Ross Mitchell, author of "Medicine in Manitoba," for excerpts concerning the various locations of the Winnipeg General Hospital.

Appreciation is extended to Dr. L. O. Bradley, Administrator of the Winnipeg General Hospital, for his kind permission in allowing me to include portions of the early history of that hospital, particularly of the periods of time when such contagious diseases as Typhoid Fever, Scarlet Fever and Tuberculosis were cared for at the Winnipeg General Hospital.

It is impossible to mention all who have been on the staff of the Winnipeg Municipal Hospitals and who have played their part in the making of this history, so personnel mentioned are mainly those who founded the Hospitals and those who retired after years of service. To all who have taken part in the work of these Hospitals is extended our profound appreciation.

It is also impossible to mention all groups who have provided Church Services, personal visits and entertainments and gifts to our patients through all of the years and so again only a few have been mentioned although our appreciation includes every person. All are recorded in our annual reports. The work of these interested people has meant more to our patients than words can ever express.

Lastly, my most sincere appreciation is extended to those who inspired me to compile this manuscript, to those who urged that it should be published and to each and every person who has assisted in any way.

It has required a tremendous amount of research and recording, but has been a fascinating project.



## Prologue

In the dramatic advance of drug therapy and medical knowledge that has taken place during the past half century, much that was in evidence in everyday life at the turn of the century is now no longer a reality.

True, other diseases of an epidemic nature persist to plague us, but the scourge of such diseases as Typhoid Fever, Scarlet Fever and Smallpox, as well as Tuberculosis, can no longer be anticipated to periodically claim their large toll of human lives.

Events leading up to the establishing of city-owned and operated hospitals for the care of communicable diseases and Tuberculosis are indeed a part of the growth of our city, and its development is a tribute to the progressive thinking of our pioneer citizens.

Typhoid Fever had been prevalent in Manitoba from the time of the arrival of the Selkirk settlers and, in one of the first years, over 900 patients suffering from this disease had been admitted to one of our general hospitals.

Although the metropolitan hospitals were rapidly expanding it was becoming more and more evident that these diseases could no longer be cared for in the general hospitals, particularly during epidemic periods, and an isolation hospital, as well as a hospital for Tuberculosis, was obviously an urgent need.

Thus in 1911 the City of Winnipeg began hospital service as a public utility when the old Beath Maternity Hospital on Bannatyne Avenue was purchased for use as a Scarlet Fever hospital. At the same time the city had acquired a valuable area of land in the Riverview district and commenced plans to provide the much needed hospital facilities.

This new hospital site was quite distant from the downtown area of Winnipeg but was situated in a growing residential district and, for a while, criticism emanated from the residents who claimed that an isolation hospital should not be built so near their new homes. However, this criticism was short-lived and, today, the hospitals are in the very midst of a residential area which now extends far out on what had been prairie in 1911.

When the site was first acquired, it contained one lone poplar tree, and its appearance was that of a very barren area. However, it was situated in a natural "quiet zone," a little back from the nearby streets and in the bend of the Red River. Those who pioneered this venture had tremendous foresight in their planning for today the hospitals are well established, and the grounds are like a beautiful park—spacious, quiet and with attractive lawns, flower beds, and trees which now reach to the fourth floor of the King George Hospital. This

was the dream of those who planned the grounds—that they might be enjoyed by all patients and staff as well as the nearby residents.

Not only have the gardens been beautiful year after year but they have also provided flowers for the patients—from the gardens all summer, and from the greenhouse during the winter season.

The gardens have also provided an abundance of fresh vegetables every year for use in the hospitals and these have added much to the wholesome, appetizing, excellent meals provided.

When provision was made to accommodate the Scarlet Fever patients at the Beath Hospital, which became known as the "Scarlet Fever Hospital," and facilities were provided on the new site in Riverview for patients with communicable diseases and Tuberculosis, one group of patients were cared for under very different circumstances.

For many years to come, the less fortunate patients with Smallpox were to remain isolated far out on the prairie in a small building known as the "pest house," since public opinion kept this dread disease far from human habitation. It was not until 1921 that these patients were brought into our hospital grounds, to be cared for in the "Temporary Hospital" in exactly the same comfortable, bright and good surroundings enjoyed by other patients, and without danger to others.

Thus public opinion had greatly changed. At one time, in some hospitals, staff were isolated with the patients while working in the isolation units. Many people feared isolation hospitals and even the areas immediately surrounding them. Today people freely visit these hospitals, excluding only the acute communicable diseases' wards, although even on these wards parents can safely visit very ill patients by observing simple technique.

Our Hospitals have never isolated the staff, but a special technique has been required of all who are employed in these units. In observing this technique at all times there is no danger of infection to either the staff or the public.

Little has been recorded of events during the early days of these hospitals other than about the official opening of the King Edward Memorial Hospital on July 11, 1912 and that of the King George Isolation Hospital on February 27, 1914 as well as information in the Annual Reports, excerpts of which will be found in the chapters to follow.

However, thanks to Mr. J. Ward, who has been on our staff for over 37 years, many very interesting stories have been recalled.

He tells of the days when a creek ran from the Red River to the south of the hospitals, across



the area now occupied by Riverview School, then re-entered the river to the west of the Hospitals.

In those days Morley Avenue was not paved, but had a gravel road—and wooden sidewalks. It was a familiar sound to hear the clapping of the horses' hooves as the horse-drawn ambulance brought patients to the Hospitals. It is recorded that Mr. R. T. Riley, one of the first commissioners, donated the first horse for this purpose.

Coal and wood stoves were used in both the "Temporary Hospital" and the King George Hospital, while gas stoves were used in the King George Hospital.

The King Edward Hospital was constructed with the third floor occupying only the centre section, the second floor larger, and the first floor its present size. Its capacity at that time was 60 beds. Later the second and third floors were extended to make all three floors equal in size and increase the bed capacity to 140 beds.

The Business Office has been situated in four different areas. The first was the single room by the stairway on the first floor of the King Edward Hospital, then it was moved to the King George Hospital to the area now occupied by the waiting room. Later the Temporary Hospital was partitioned off and it was established in the front section, with the rear and upstairs areas used for patients with Smallpox. The final move, in recent years, was made to its present spacious quarters in the King George Hospital.

When the Hospitals first opened, and for some years to come, there was no bus service on Morley Avenue, so a jitney service was provided by two ambulance drivers who worked in shifts until 10:30 p.m. each night, meeting the street cars on Osborne Street and transporting the staff to and from the Hospitals.

In those early days two pavilions were erected near the river for use of patients who wished to sit outside. Later the Hospital decided to use one of these pavilions for raising chickens. However, their efforts were short-lived when fire destroyed both the building and the chickens, so the venture was quickly abandoned.

The remaining pavilion was moved shortly afterwards to the site of the tennis courts and was used as a tennis house until 1958 when it eventually was torn down.

One solitary light, hanging from a tall pole midway between the King Edward and the Temporary Hospital, provided illumination for the Hospital grounds for many years until, in 1921, the present concrete light stands were donated by the Parks Board.

Accommodation for the staff was a real problem, and at one time the first two houses on the south side of Morley Avenue at Eccles Street were rented by the Hospitals and used to billet some of the nursing staff.

Although little can be found about the 1916 spring flood, it is known that, without warning, basements were filled with four feet of water and boats had to be used in the Hospital grounds and on the nearby streets. Baltimore Road, then known as Florence Avenue, was the only street through which one could walk.

One day a cyclone tore the balcony off one end of the King Edward Hospital, scattering beds, mattresses and linen everywhere. Fortunately the patients had been hurried indoors to safety minutes before the storm struck with great fury.

Another interesting story recalled was that of the very unique "communication system" in the Temporary Hospital. A series of small pipes led to various rooms throughout the building, including the matron's suite, and, attached to each outlet of the pipes was a "whistle." When one wished to communicate with another floor, the lever of the whistle (situated in the wall) was turned, and the person blew into the pipe causing the whistles on the floors above or below to sound. The person answering would open the lever of the whistle on her floor and a conversation could be carried on.

For the many years Dr. A. B. Alexander was Medical Superintendent of these Hospitals he constantly advocated the early immunization of all children against Smallpox and Diphtheria. It was his firm belief that immunization should be carried out universally so that these diseases could be brought under control. Eventually by these measures, Smallpox was controlled and Diphtheria was later markedly reduced.

Health Departments today urge that these measures of immunization be continued, and an active program has been maintained even to the immunization of present-day Poliomyelitis.

Winnipeg has been subjected to many epidemics, none, however, more devastating than the 1919 epidemic of Spanish Influenza, and the 1953 epidemic of Poliomyelitis.

Many groups have sustained an active interest in visiting the patients, providing weekly Church Services, entertainment and gifts. Words could never adequately express what this has meant to the patients and staff.

In more recent years many new departments have been established in these Hospitals to carry on the complex organization of a large hospital unit, yet it is interesting to note in the report of Miss Mary E. Martin, Superintendent of Nurses almost forty years ago, that Occupational Therapy and Social Service departments were advocated.

Many times we have been faced with staff shortages, and, in more recent years with many changes of personnel, since so many fields of endeavor have been opening up for professional people, yet some staff have been with us 40 years.

Many changes have taken place in the care and treatment of patients suffering from com-

municable diseases and Tuberculosis, and in the prevalence and severity of these diseases. This will be particularly evident in the statistical reports to follow. These reports show a very marked decrease in all diseases. These results have been the aim of the health authorities and the hospitals throughout the years.

Many changes have also taken place in the building programs, hospital policies and hospital service, all of which, too, are recorded in the chapters to follow.

An era ended in the final closing of the Temporary Hospital, originally erected for use until the King Edward Hospital and the King George Hospital were completed, but, instead, was used for 45 years. Its doors were permanently closed in December 1955.

Another era ended in 1954 when, after 42 years as a Tuberculosis Hospital, the King Edward Hospital ceased to function in this capacity, the patients were transferred to other Sanatoria in Manitoba, and the Hospital was closed for renovation to later become a Hospital for the chronically ill.

In 1950 a new era began in the history of the Winnipeg Municipal Hospitals when ours became one of the pioneer hospitals in a relatively new field—that of the care of the chronically ill.

Time has thus brought many changes as our Hospitals have expanded and adapted to the constant progress of medicine and as they have become better known to the public in general.

## *Members of the Hospital Commission, Winnipeg Municipal Hospitals*

1913 - 1917—Mr. R. T. Riley  
 1913 - 1916—Mr. Alexander McDonald  
 1913 - 1916—Mr. Edward Brown  
 1916 - 1917—Alderman D. M. Lineman  
 1916 - 1918—Mr. R. A. Rigg  
 1917 - 1930—Alderman A. H. Pulford  
 1917 - 1924—Mr. R. R. Scott  
 1918 - 1926  
     1930—Mr. W. B. Lowe  
 1921 - 1922—Alderman J. Blumberg  
 1921 - 1923—Alderman J. A. McKerchar  
     1922—Alderman W. Douglas  
 1923 - 1927  
 1931 - 1932—Alderman E. T. Leech  
 1924 - 1930—Alderman Thomas Boyd  
 1925 - 1929—Mr. W. R. Milton  
 1927 - 1928—Mr. W. A. James  
 1928 - 1930—Alderman J. Fred Palmer  
     1929—Alderman W. N. Kolisnyk  
 1930 - 1933—Alderman A. R. Leonard  
 1931 - 1935—Alderman E. D. Honeyman, K.C.  
     1931  
 1939 - 1954—Ex-Alderman A. J. Roberts  
 1931 - 1937—Alderman J. A. Barry  
 1932 - 1938—Alderman Thomas Flye

1933 - 1938—Ex-Alderman W. A. Cuddy  
 1934 - 1954—Mr. Peter Cornes  
 1936 - 1939—Alderman Paul Bardal  
     1938—Alderman F. G. Thompson  
 1938 - 1942—Alderman M. A. Gray, M.L.A.  
 1939 - 1942—Alderman Garnet Coulter, K.C.  
     1940—Alderman Margaret McWilliams.  
     1941—Alderman C. Rhodes Smith, K.C.  
 1942 - 1947—Alderman James Black  
 1943 - 1947—Alderman Hilda Hesson  
 1943 - 1946—Alderman James Simpkin  
 1947 - 1950—Alderman Frank Chester  
 1948 - 1954—Alderman George Sharpe  
 1948 - 1956—Alderman H. V. McKelvey  
 1951 - 1956—Alderman P. Taraska  
     1955—Alderman G. Chown  
 1955 - 1958—Rev. P. Petursson  
 1955 - 1958—Mr. D. L. Cameron  
 1956 - 1957—Alderman M. McCreery  
     1957—Alderman L. Hollonquist  
     1957—Alderman D. Orlikow  
     1958—Alderman A. E. Bennett  
     1958—Alderman Edith Tennant  
     1958—Alderman J. Penner



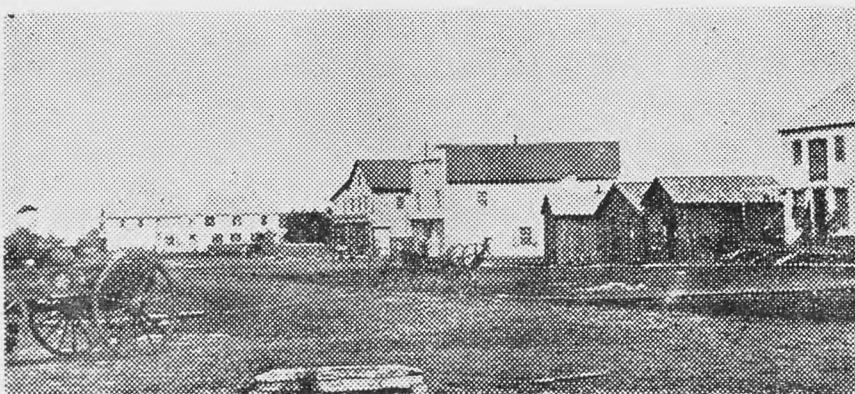
# *Winnipeg — Its Early Days*



1866 — AN INDIAN VILLAGE STOOD IN WINNIPEG

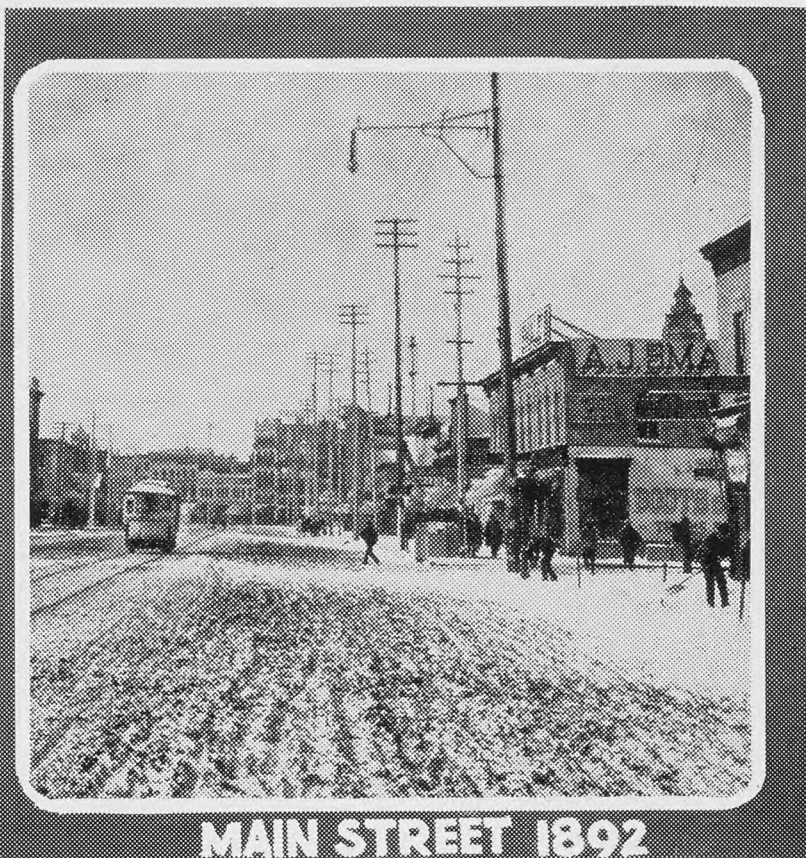


RED RIVER OX CART

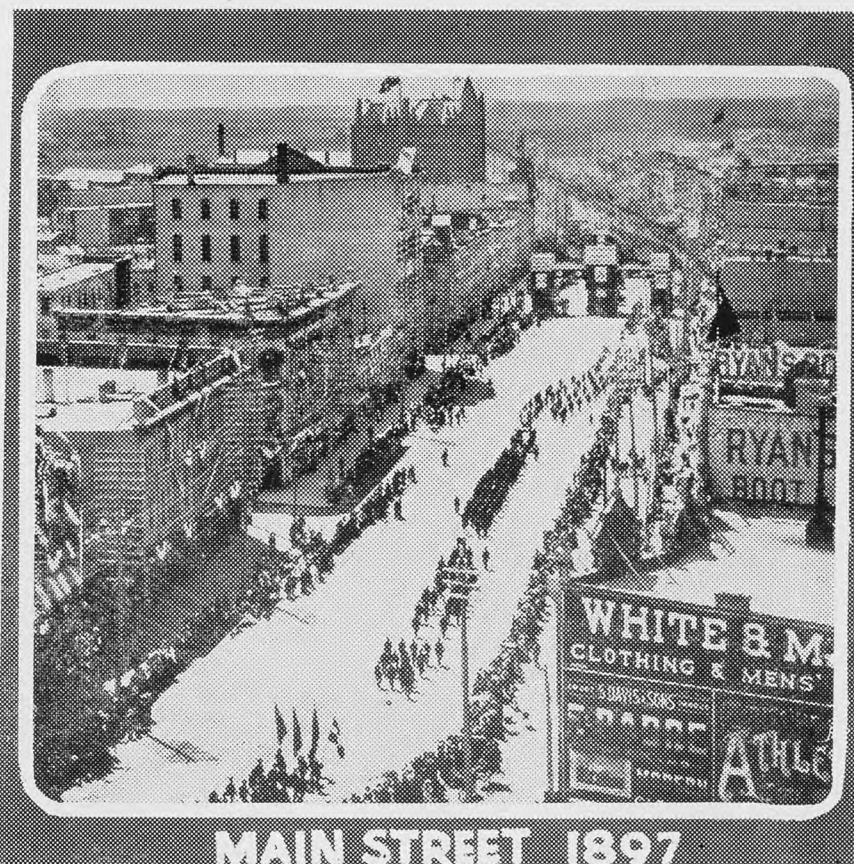


1871 — EAST SIDE OF MAIN STREET, LOOKING NORTH

—PHOTOS COURTESY WINNIPEG FREE PRESS



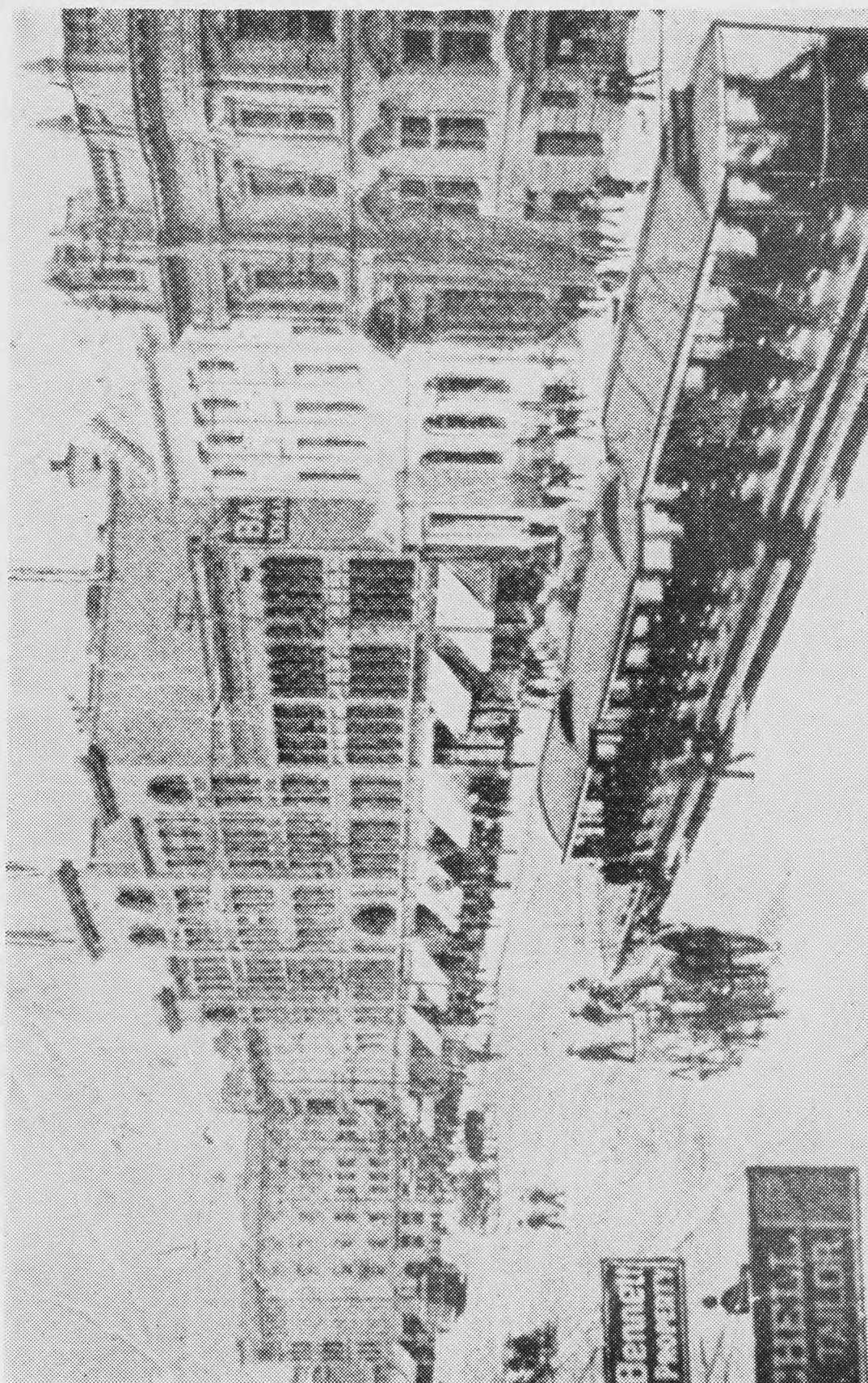
**MAIN STREET 1892**



**MAIN STREET 1897**

—PHOTOS COURTESY WINNIPEG FREE PRESS





WINNIPEG IN 1900

—COURTESY WINNIPEG TRIBUNE



1903 — NEWSPAPER ROW, McDERMOT AND ALBERT



1908 — CITY HALL AND CITY MARKET





1871 — WATER CARTS IN WINNIPEG

—COURTESY WINNIPEG FREE PRESS

## *Winnipeg Its Early Days — 1870–1911*

A very brief glimpse into the early days of Winnipeg shows, in 1870 the population was 215, and in 1911, 151,958.

In an early article from the Winnipeg Free Press, it tells of the people "whose trudging boots—or moccasins—smeared the board floors of the Winnipeg Village with black mud, like tar." One often heard of the "Winnipeg mud" in those early days.

With the lack of sanitary systems and properly supervised water supplies in 1871, the people of Winnipeg drank their water direct from the Red River. It was hauled to their doors in coal-oil barrels covered with gunny sacking.

Thus Typhoid Fever became very prevalent at the time, having come into Manitoba with the Selkirk Settlers in 1814.

Winnipeg's Fire Department had 13 hose wagons, a motor hose, 7 team fire engines and 75 horses.

Transportation in Winnipeg could be obtained by means of one-horse vehicles at the cost of 50 cents for a period of 15 minutes, or two-horse vehicles for 75 cents.

For an omnibus from any hotel, public house, or to any railway station or steamboat landing in Winnipeg, the tariff was 25 cents per person. From any private house the tariff was 50 cents for the

first passenger, and 25 cents for each additional passenger.

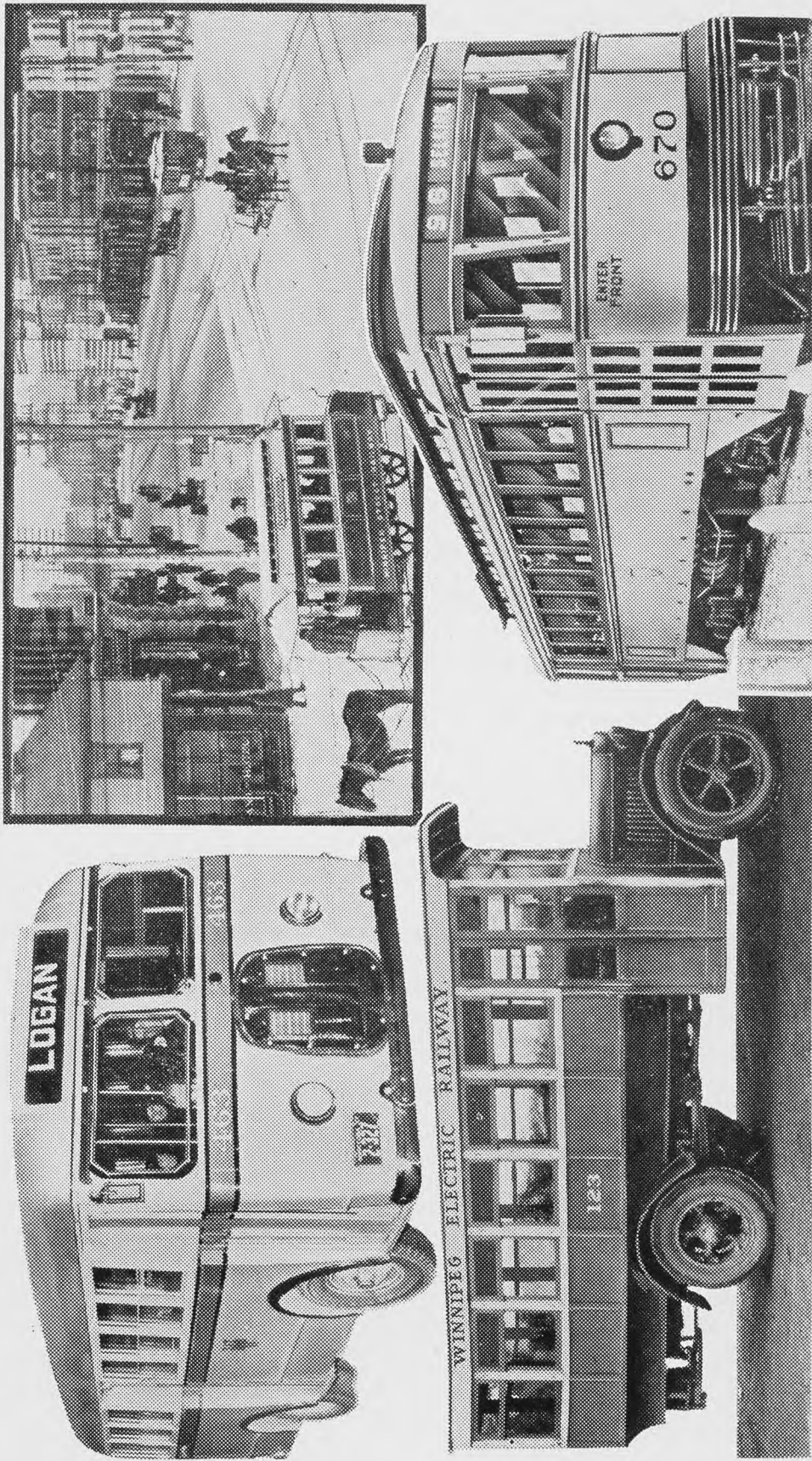
Tariff for a tally-ho coach for one hour, and not exceeding two, was one dollar per passenger.

Winnipeg, even in those early days, was noted for its wide, well-paved thoroughfares, beautiful boulevards and residential streets, and its 25 public parks including the 282-acre Assiniboine Park.

### **ACCOMMODATION FOR COMMUNICABLE DISEASES**

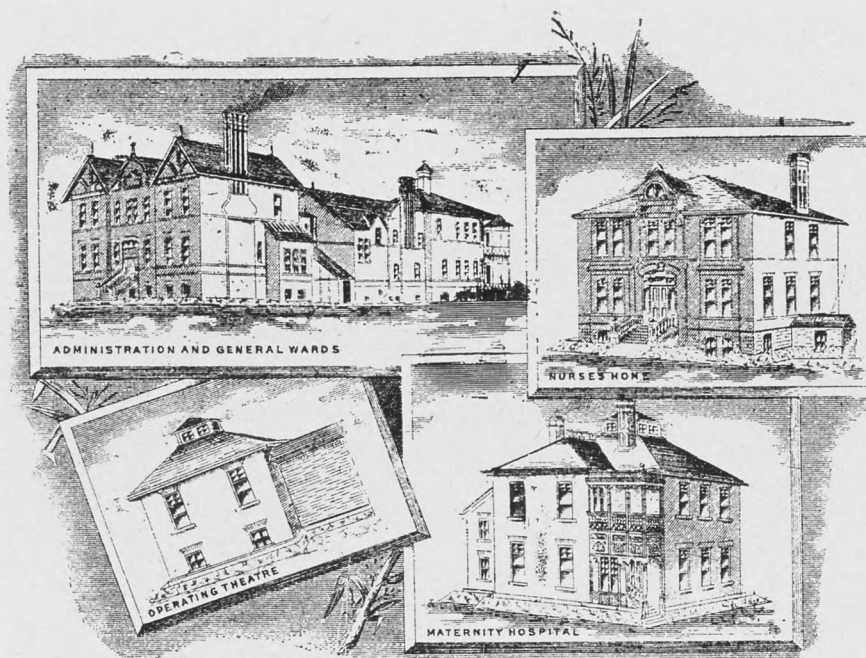
Several hospitals in the Winnipeg and St. Boniface areas provided accommodation for patients isolated with communicable diseases during the latter part of the past century. However, these hospitals were rapidly expanding and other arrangements were urgently needed for the care of these patients.

Among these hospitals was St. Boniface Hospital, established in 1871 by the Grey Nuns of Montreal. At that time a marked prevalence of communicable diseases was creating a real problem in the isolation wards of that institution. Thus, in 1899 St. Roch's Hospital, a fully equipped 90-bed unit, was erected close to St. Boniface Hospital and served as an isolation hospital for over 40 years.



TRANSPORTATION — YESTERDAY AND TODAY —COURTESY WINNIPEG FREE PRESS





THE WINNIPEG GENERAL HOSPITAL, 1884 - 1888

—COURTESY WINNIPEG FREE PRESS

## *Communicable Diseases 1873—1911*

From 1873 to 1911 Typhoid Fever, Scarlet Fever and Tuberculosis were prevalent in Winnipeg and the housing of these patients was becoming a real problem to the health authorities and to the hospitals and other buildings providing accommodation for them.

The Winnipeg General Hospital, from its very first days, provided the major part of this accommodation and, with the rapid expansion of this institution as a general hospital, it became more and more evident that hospitals for Tuberculosis and communicable diseases were urgently needed.

Among the very first patients at the Winnipeg General Hospital when it first opened in 1873 were patients with Typhoid Fever, thus our story will go back to those days when, after only a few months in two other locations, this hospital opened its doors in temporary quarters established over the brick store owned by Dr. Schulz. These quarters had a capacity for 12 patients.

The General Hospital made six moves before being established on its present site. It was first situated on the north-west corner of McDermot and Albert Street, for two or three months; then in a house at the rear of a bank; then to the building owned by Dr. Schulz, on Notre Dame East; then to the bank of the Red River, south of Broadway Avenue; in 1875 the hospital was moved to a log house on Main Street North, which belonged to Hon. John Norquay; in 1882 to a site (near the present location of the General Hospital) donated by Hon. A. G. B. Bannatyne, but this 25-bed Hospital proved inadequate; and finally it was moved to its present site which had been

donated by Mr. Bannatyne and his father-in-law, Mr. Andrew McDermot. Thus the Winnipeg General Hospital was formally opened in 1884.

A very interesting letter, preserved in the archives of the Winnipeg General Hospital, gives first-hand information of this pioneer undertaking:

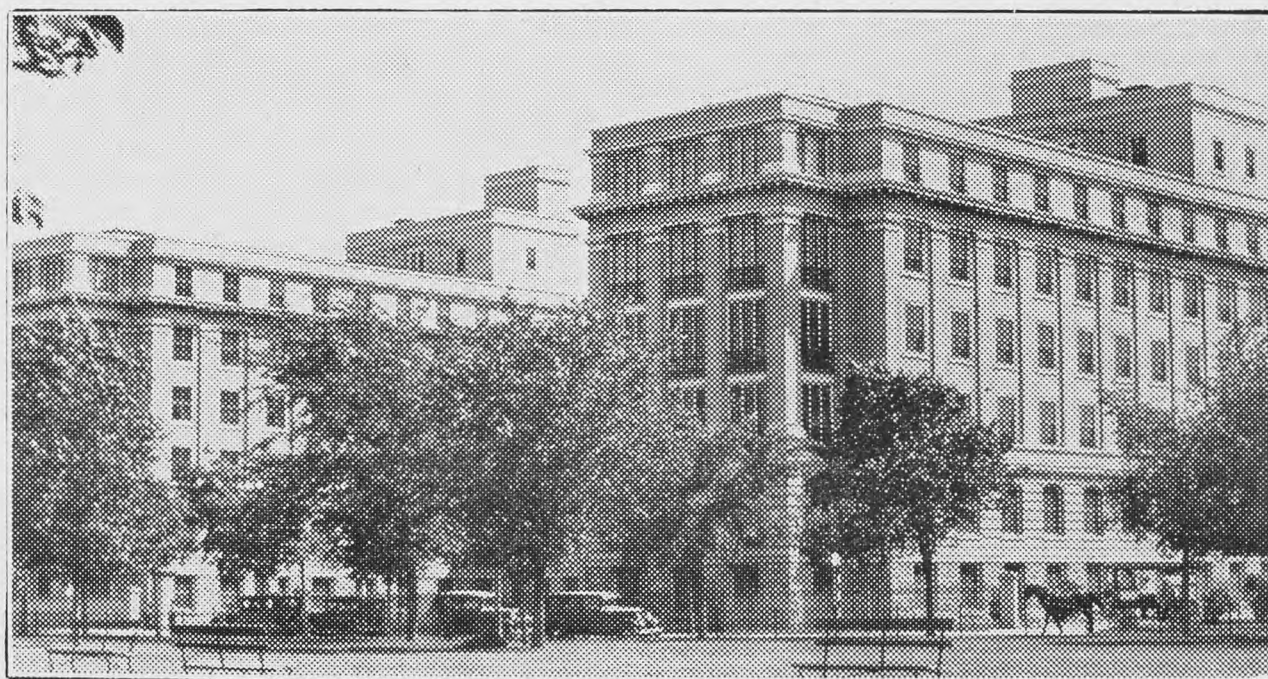
"My first impression of a hospital was in the second storey of a brick building, owned by Dr. Schulz, on the corner of Notre Dame East and Main Street. There was no plaster on the brick walls or ceiling (the latter a flat roof). The surroundings were primitive and while the doctors rendered able assistance the thought was that those who by misfortune got knocked out by sickness were lucky to have this primitive hospital to receive them. The patients would care for each other when able to do so, assisted by any help that could be obtained. When I look back, I realize what a fight any patient had to make to recover from sickness, the worst and most numerous cases being **Typhoid Fever**. As I recall that room, with all the patients it could hold, there was no grumbling or fault-finding, everyone helped the other fellow and mighty thankful to have a chance to do so. They all realized there was no better to be had."

When the newly established Winnipeg General Hospital was ready for occupancy on March 13, **1884**, accommodation was provided for a total of 72 patients, which included **six single rooms intended for patients with infectious diseases**.

In telling of the experiences of Miss Mary Ellen Birtles, the first pupil nurse to enter the Winnipeg General Hospital in **1886** (and who



THE WINNIPEG GENERAL HOSPITAL IN 1910  
View taken from William Avenue May 28, 1910



THE WINNIPEG GENERAL HOSPITAL IN 1931

—PHOTOS COURTESY WINNIPEG FREE PRESS



incidentally had passed the first Canadian Pacific Railway train to travel from Montreal to Vancouver, on her way to Winnipeg), an interesting story is recorded.

The isolation ward was on the top floor of the General Hospital and was reached by an outside stairway. In those days the nurse was imprisoned in the isolation unit and, on rare occasions when she emerged into the outside, she was politely but definitely avoided.

In **1898** the Jubilee Wing at the General Hospital was under construction. The wards were desperately overcrowded and Typhoid Fever was more prevalent than ever. There was yet another health hazard which was a source of great anxiety to the Medical Superintendent, Dr. A. W. Moody. A section of the isolation unit at the General Hospital was set aside for the treatment of patients suffering from Tuberculosis, many of them terminal cases and, since there was no other accommodation for them, they were made as comfortable as possible in totally unsuitable surroundings. There was neither fresh air nor sunshine and the beds were crowded so closely together that there was hardly room to pass between them. With inadequate facilities to safely carry out any hygienic measures, care for these patients rather than probationers Dr. Moody recommended that more mature people and younger nurses.

Early in 1900 there was an outbreak of **Malignant Smallpox** in the Winnipeg General Hospital, resulting in a prolonged quarantine of the whole institution. A man, travelling from Japan to Canada, had developed the disease and had been brought to the General Hospital. Several train officials and passengers had developed the disease, also some members of the hospital staff.

An old building, known as the "Pest House" was transformed into an emergency hospital for Smallpox, and three nurses, Frances Benson, Frederica Wilson and Mary Duncan, volunteered to go there to care for the patients.

Miss Benson was nurse-in-charge, and Miss Wilson devoted herself to the care of the patients. The disease was of the confluent type and the condition of these desperately sick people was pitiable.

Some were temporarily blinded, most of them were delirious. Night and day Frederica Wilson stayed at their side and could hardly be persuaded to pause for rest or refreshment.

Meanwhile at the General Hospital a barbed wire fence was strung around the entire site and, in the pleasant spring weather, friends and relatives conversed in loud shouts with the imprisoned patients and staff.

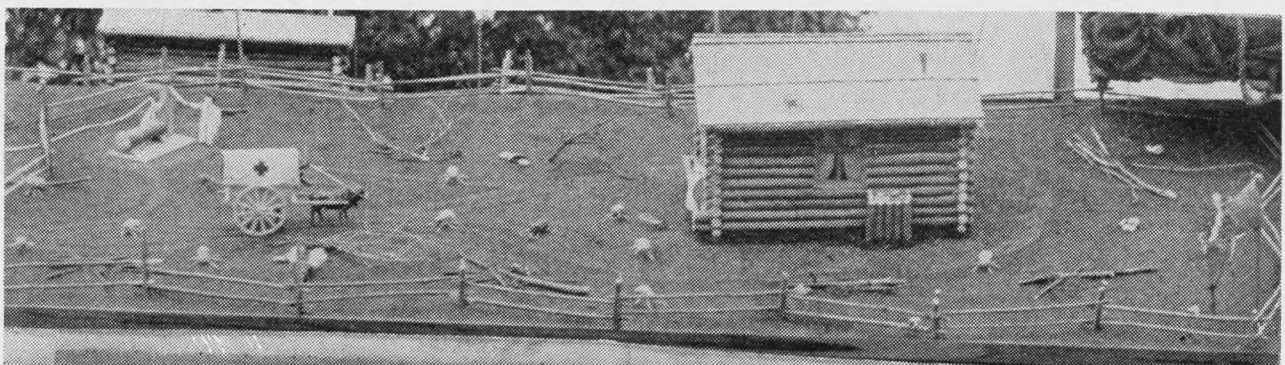
Very little information has been found regarding the "Pest House," although it was known that there was a photo in Dr. Douglas' office, of Winnipeg's first Smallpox Hospital, a rough, unpainted shack out on the prairie. This Smallpox "Hospital" gave way to a rather better building, also long disused, on the Brookside Cemetery site. Here the late Dr. David Stewart, of Ninette, then a young medico, obtained his first professional experience.

A brief article tells of "pest houses" as follows: "In the early days, such diseases as Smallpox were called 'Pests,' and the buildings which housed them were called 'pest houses.' To satisfy public opinion in some cities these buildings had to be isolated far from human habitation. They were surrounded by a 'germ-proof' wall, and when an ambulance took a patient to the 'pest house,' a fireman followed the ambulance with a hose to wash off the streets."

Here in Winnipeg, in the eighties, it was considered good enough to treat victims of Smallpox in a "pest house"—a building far out on the prairie. Smallpox was a dread scourge in those days and the public seemed content to keep these patients at this building.

It is not known when the first Smallpox building came into being, but it is known that the "pest house" ceased to function in 1921.

One well known Winnipeg doctor readily recalls the six weeks he spent at the "Pest House" in 1921. He said that it was situated not far from Brookside Cemetery, in a great big pasture, out in the middle of the prairie. It was owned by the city and the staff who attended the patients had previously been vaccinated against Smallpox.



THE "PEST HOUSE"

He recalled eating his meals with the patients and occasional visitors coming as far as the fence surrounding the building. The nearest bus stop was approximately one-half a mile away, at Brookside. Smallpox patients were cared for at this building until October, 1921, when an epoch-making event took place in the opening of an Annex for Smallpox patients right on the grounds of the Winnipeg Municipal Hospitals.

In **1905** Typhoid Fever was still prevalent and no less than 911 cases were admitted to the General Hospital that year. At the peak of the epidemic the City erected a 50-bed annex on Emily Street to take care of the overflow. It was clear that bed capacity would have to be increased and pressure was brought to bear upon the provincial and municipal authorities to induce them to assume responsibility for the accommodation of patients suffering from Tuberculosis and other communicable diseases.

As a result of this, the City appointed a Hospital Commission to investigate the whole situation.

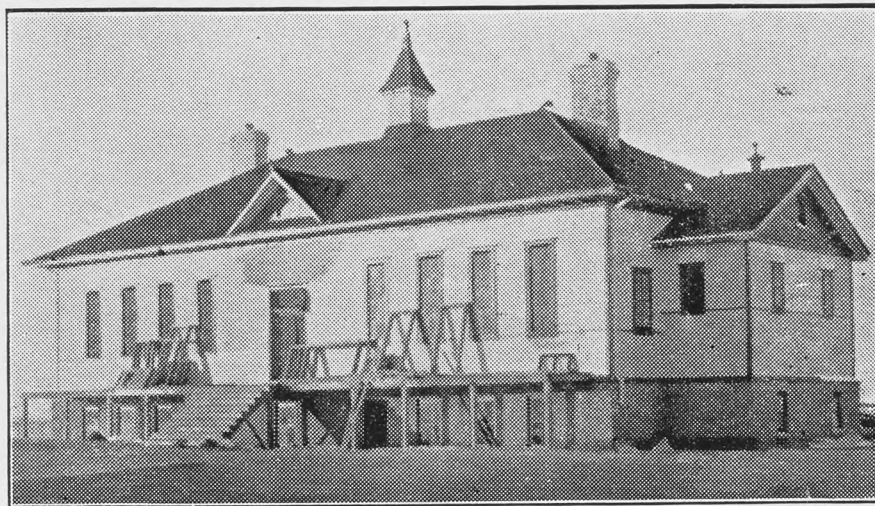
During the summer months, patients suffering from Tuberculosis were removed from the dark wards of the isolation unit at the General Hospital and were treated in tents in the hospital grounds.

## THE QUARANTINE HOSPITAL

Very little information has been found regarding this hospital except that in 1910 a severe epidemic of Scarlet Fever had broken out, and the City had to provide temporary accommodation out at the Exhibition Grounds. At the request of the City Council, the General Hospital authorities took charge.

At first the ground floor only was utilized, but this soon proved inadequate and it was decided to prepare the upper floor for patients.

On October 18, 1910, this building was destroyed by fire but, through the prompt and efficient measures taken by Miss Victoria Winslow and her co-workers, the patients were safely removed from the building. The door of a building opposite was forced open and the patients taken there for protection from the cold. As soon as the General Hospital was notified, the transfer of patients began, and wards at the General Hospital were prepared for the patients from the building at the Exhibition Grounds. Within two hours all were comfortably in bed again.



QUARANTINE HOSPITAL

—COURTESY WINNIPEG FREE PRESS



## *City of Winnipeg begins Hospital Service as Public Utility, January 1911*

### **THE SCARLET FEVER HOSPITAL, 1911-1914**

In January, 1911, the City of Winnipeg began hospital service as a public utility when the old Beath Maternity Hospital on Bannatyne avenue was purchased for use as a Scarlet Fever hospital.

Dr. Thomas Beath, who had graduated in medicine from the University of Toronto, had come to Winnipeg in 1900, and had built this 65-bed private hospital shortly afterwards. Records of the early work of Dr. Beath are few, but it is known that he resided at 448 Ross avenue in 1903, and that the Beath Hospital was built between 1907 and 1911 in answer to a great need for hospital accommodation at the time.

It is a tall, narrow, castle-like building situated near the Medical College, just west of the General Hospital.

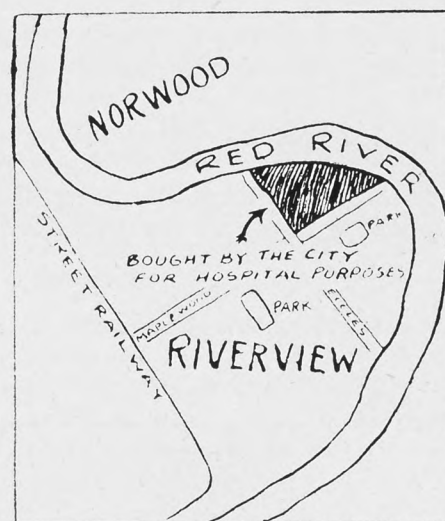
When a virulent outbreak of Scarlet Fever developed and the isolation building at the General Hospital was overcrowded, the Board was compelled to urge the City Health Committee to provide separate quarters for these patients.

Thus in January, 1911, the City purchased this hospital and Dr. Beath then founded Victoria Hospital on River avenue.

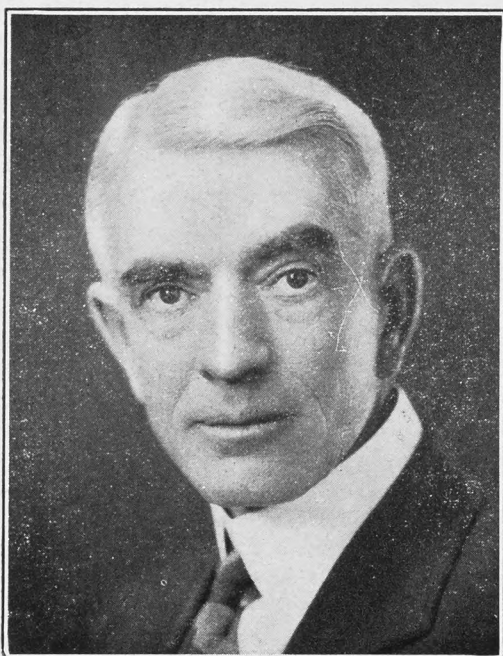
The Beath Hospital then became known as the Scarlet Fever Hospital and was fitted for this purpose, and the patients were removed from the

isolation building at the General Hospital to the Scarlet Fever Hospital on April 5, 1911.

This department of the hospital work then passed into the control of the City, although the General Hospital continued to assist the City management in every way possible. Supplies and medicines were procured from the General Hospital stores, the bedding, etc. was sterilized and washed in the Hospital laundry, and the records were kept in the General Hospital office. This was done for the convenience of the City until a permanent superintendent could be appointed.



Site in Riverview as proposed location of new City-owned Tuberculosis and Isolation Hospitals



DR. A. B. ALEXANDER

At the time it was hoped by the Board that the City would use every effort to hasten the erection of the City Isolation Hospital and have it finished as early a date as possible, as every portion of the General Hospital accommodation was urgently needed for other purposes. At the time patients with Tuberculosis and infectious diseases other than Scarlet Fever were still housed at the General Hospital.

In 1911, Dr. A. B. Alexander, who was born in Nova Scotia, attended Dalhousie University, the University of Manitoba in 1893, and then graduated in medicine in 1897, took charge at the Scarlet Fever Hospital on Bannatyne avenue. Later, when the Municipal Hospitals were constructed, he became Medical Superintendent of these institutions.

It is noted that, in 1911 the General Hospital had two ambulances, one purchased in 1907, run by Mr. A. S. Bardal who supplied the teams and drivers. With the development of the automobile,

the Board, after due consideration, had ordered a "Waverley" electric ambulance.

Upon the completion of the King George Hospital in 1914 the Scarlet Fever Hospital, originally the Beath Hospital, was dispensed with and was later remodelled, and became the Eric apartments. It is still in use at the present time as an apartment block.

Thus, with facilities at these other hospitals taxed to their utmost, the City planned to build a Tuberculosis and an Isolation Hospital on a site already acquired in Riverview. This site was truly an inspired choice, for its location was a natural "Quiet Zone," being well back from the streets and encompassed on two sides by the bank of the

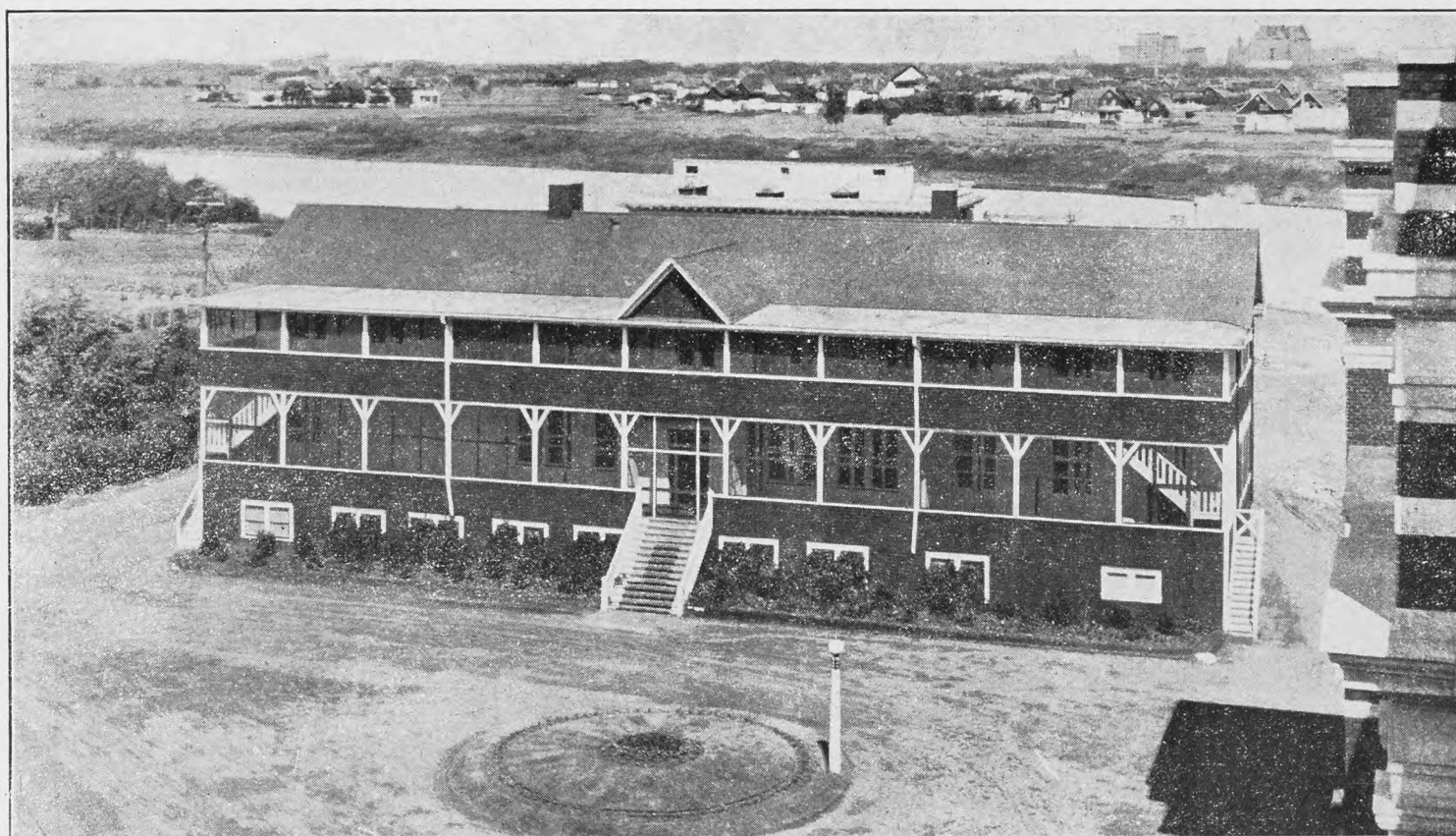
Red River. It was a location which was a healthy distance from the grime and smoke of the downtown area.

Here, upon this site the Winnipeg Municipal Hospitals came into being in 1911.

At first there was some criticism by the home owners in Riverview that an Isolation Hospital was to be built so near the residential area, and later that the Isolation Hospital was built too near the street instead of on the far east end of the property, on the bank of the river.

However, the Hospitals soon became a very part of this residential area which rapidly expanded for miles to the south and west of the Hospitals.

## *Temporary Hospital Erected*

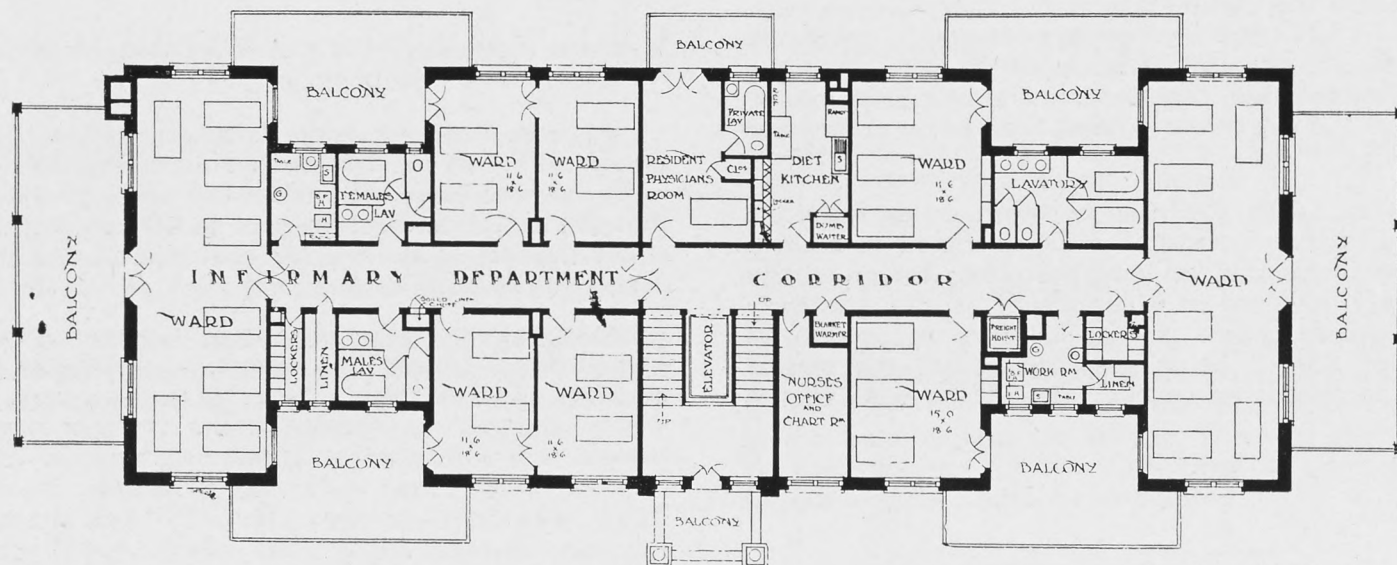


The Temporary Hospital, erected in 1911

This was the first building erected on the present site of the Winnipeg Municipal Hospitals. It was used as a hospital for "Advanced Consumptives" from 1911 until the King Edward Memorial Hospital was opened in 1912; then for Scarlet Fever until the King George Hospital was

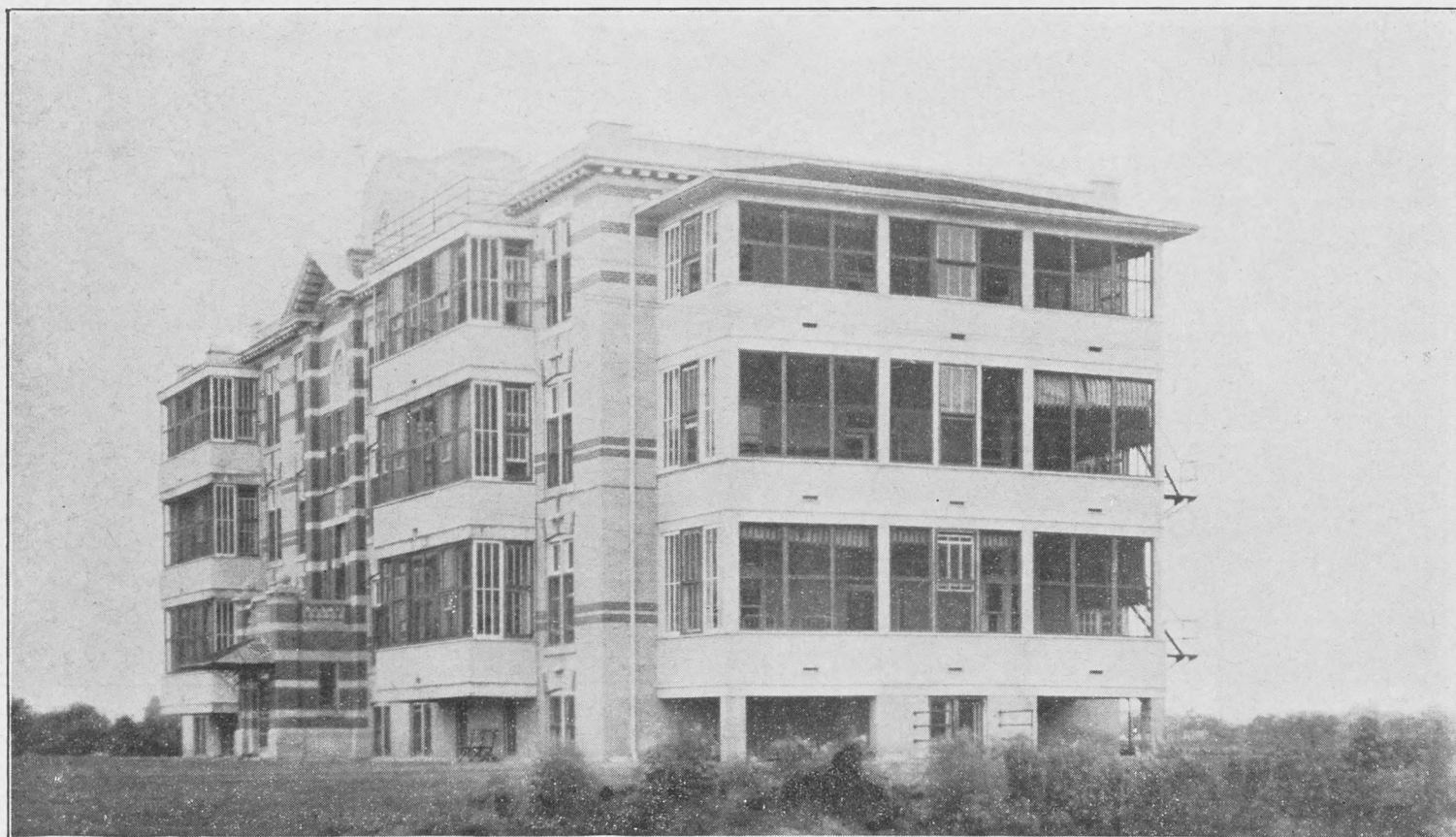
opened in 1914; as a Nurses' Residence until the present Residence was opened in 1921; and as a Smallpox annex and business office until its doors were closed in 1955. It still remains standing, 47 years later, although it is no longer fit for use.





PLAN OF THE KING EDWARD MEMORIAL HOSPITAL

—COURTESY WINNIPEG FREE PRESS



KING EDWARD MEMORIAL HOSPITAL — 1912



Above:  
THE TEMPORARY  
HOSPITAL.

Below:  
H. R. H. THE DUKE  
OF CONNAUGHT  
AND  
PRINCESS PATRICIA,  
THE OFFICIAL  
OPENING  
OF THE  
KING EDWARD  
MEMORIAL HOSPITAL,  
JULY 11, 1912

—COURTESY  
WINNIPEG TRIBUNE





## *Official Opening of the King Edward Memorial Hospital — July 11th, 1912*

On a July morning 46 years ago a large gathering of citizens met on the banks of the Red River. They assembled to the south of the City at a point where the stream forms a large crescent, one of the many links in its "long red chain".

Flags were flying and bunting had been generously applied to a couple of buildings, the only ones on the bare site. Tall hats and frock coats were prominent in the crowd. Half of the physicians in Winnipeg were present, as well as the Lieutenant-Governor, the Mayor, and the members of the City Council.

In their midst stood a soldierly figure, the centre of interest, who was presented with a silver trowel and an ivory mallet. This man was the Duke of Connaught, Governor-General of Canada, and the lady with him was his daughter, Princess Patricia.

The occasion was the opening of the King Edward Memorial Hospital for pulmonary diseases, and the simultaneous laying of the corner-stone of the King George Isolation Hospital. The steel

frame of the King George Hospital was already up.

That the Duke of Connaught should have performed this double ceremony is fitting since the hospitals are named after his brother and nephew.

In viewing the landscape from the roof of the King Edward Hospital on that day, July 11, 1912, the area all around was little more than the bald, bare prairie. One single poplar tree served only to emphasize the lack of trees.

In the years since then the grounds and surrounding areas have miraculously changed until today the Hospitals are in the midst of a large residential area, and are surrounded by hundreds of beautiful trees now reaching as high as the fourth floor of the King George Hospital.

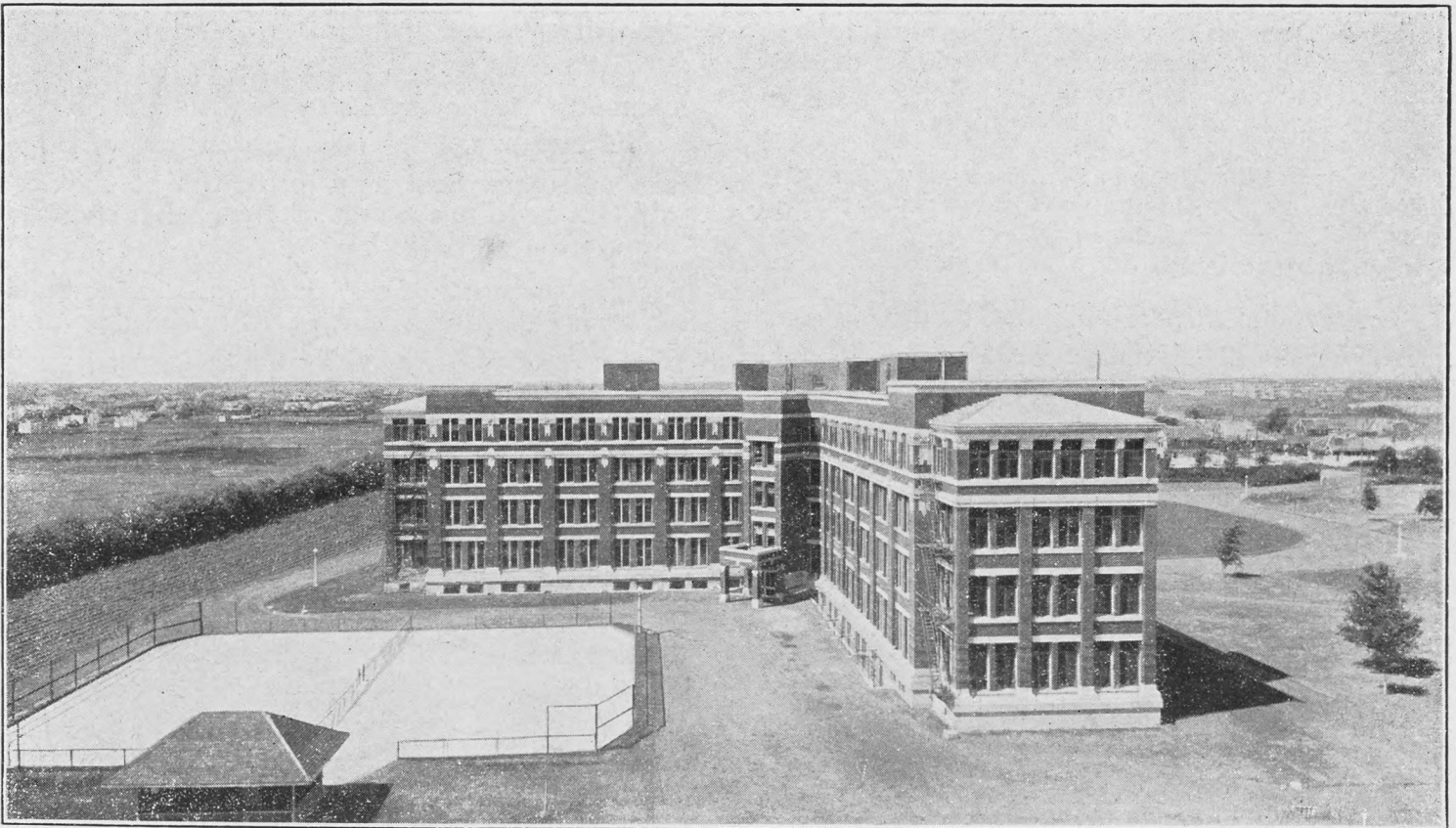
Thus the City of Winnipeg began the construction of the first of the Winnipeg Municipal Hospitals on twenty-three acres of valuable land on the banks of the Red River as part of the million dollar group of hospitals. The cost of the King Edward Hospital was approximately \$119,000.00.



H.R.H. THE DUKE OF CONNAUGHT OFFICIATED AT THE LAYING OF THE CORNERSTONE OF THE KING GEORGE HOSPITAL, JULY 11, 1912



THE KING GEORGE ISOLATION HOSPITAL IN 1914



A REAR VIEW OF THE KING GEORGE ISOLATION HOSPITAL AND THE TENNIS COURTS  
(Note the few homes and trees in the area surrounding the Hospital.)



## *The Official Opening of the King George Isolation Hospital — February 27th, 1914*

After many unexpected delays, the King George Hospital is now ready for use, and 25 patients will be admitted today. At first only patients with Scarlet Fever and Diphtheria will be received, but it will soon be possible to also admit patients with Measles.

Erected at a cost of approximately \$400,000.00 the building is complete with the most modern appliances for the treatment of infectious diseases.

It is constructed in wings with a large proportion of the wall space occupied by windows. There is thus an ample provision for fresh air and sunshine.

Members of the City Council, many city officials and a number of physicians were entertained at luncheon in the Hospital yesterday by the Hospital Commissioners, Mr. Edward Brown, Mr. R. T. Riley and Mr. Alex Macdonald.

As chairman of the Commission, Mr. Riley welcomed the visitors, advising them to take a good look at the Hospital, for it would be the last occasion that everyone would be admitted, except persons connected with the institution.

Under the guidance of Dr. A. B. Alexander, the visitors were taken to the various wards, operating room, kitchen, parlors, ventilating plant and refrigerator section.

One official was so fascinated by the big electric cooking range, an innovation on the continent, that he almost forgot to look at anything else in the building.

Dr. Alexander told the visitors that today Tuberculosis is the only disease regarded as truly infectious, and that diseases such as Smallpox, Scarlet Fever, Diphtheria and Measles were transmitted only by actual contact with the patient. This knowledge has revolutionized the treatment of these diseases and, with careful instruction of a few simple rules faithfully observed, there will be no possibility of the nurse herself contracting the disease, or carrying the disease to others.

At present the staff consists of Dr. Alexander as Superintendent, and Dr. Mathers as assistant. Two internes, from the General Hospital, will be appointed. Miss Mabel Blackmar is the Woman Superintendent, her assistant being Miss Stephens. The nursing staff will be recruited largely from the old Isolation Hospital on Bannatyne avenue, which will be discarded as a hospital as soon as the patients now in it are discharged or transferred to the new building.

The temporary building, previously used as a Tuberculosis Hospital has now been fitted up as a nurses' home.

Many striking features of the King George Hospital, as published in the October 18, 1913 edition of the Free Press, were as follows:

(1) That the City of Winnipeg is the possessor of a group of hospitals valued, with the land upon which they stand, at over \$1,000,000.00.

(2) That the new King George Hospital is one of the most modern isolation hospitals in the world.

(3) There will be a constant change of pure, fresh air driven into the wards by electric fans, warmed and water filtered. Powerful fans will pump the foul air from the rooms, and there will be vacuum piping in every room so that it may be kept scrupulously clean and free of dust.

(4) Patients may be taken to glass encased, steam heated sun galleries.

(5) Laundry chutes of vitrified brick will carry all laundry to an area outside the building.

(6) There will be five bathrooms and four sink rooms on each floor, and rooms will be equipped with lockers for the nurses' clothing after changing to leave the ward.

(7) There is not a stick of wood in the building except the doors, which are of cherry, polished and stained like mahogany. The window frames are of steel and the sills of marble. The floors are of fireproof concrete inlaid with battleship linoleum placed in cement and rolled, making it germ proof.

(8) The main kitchen is on the top floor, where the bulk of the cooking is done, and on every floor there are two diet kitchens, connected with the main kitchen by means of a dumb waiter.

(9) The Hospital is constructed so that patients with eight different diseases can be segregated and kept entirely apart.

(10) The new hospital is formed in two long narrow wings, each of them about 44 feet wide by 100 feet long, which converge in the centre. In other words the hospital is laid out in the form of the letter V so that additions can be made, if necessary, in future years. The male patients will be kept in one wing, and the female patients in the other. All rooms have very tall, large windows.

(11) The building comprises four stories and a basement, and the exterior is vitrified red brick and artificial stone. Inside the main entrance the

walls, floors and steps are composed of white marble. There is a revolving glass door, the staircases are of ornamental steel and there are two elevators — a passenger and a freight elevator. The building, like all others in the group, is steam-heated from the power house.

(12) The ventilating system, as previously mentioned, connects with every room.

(13) The nurses, who reside in the Nurses' Home, have their dining room on the fourth floor of the hospital. The male help, housed in the basement, have their dining room nearby, with a dumb waiter connecting it with the main kitchen.

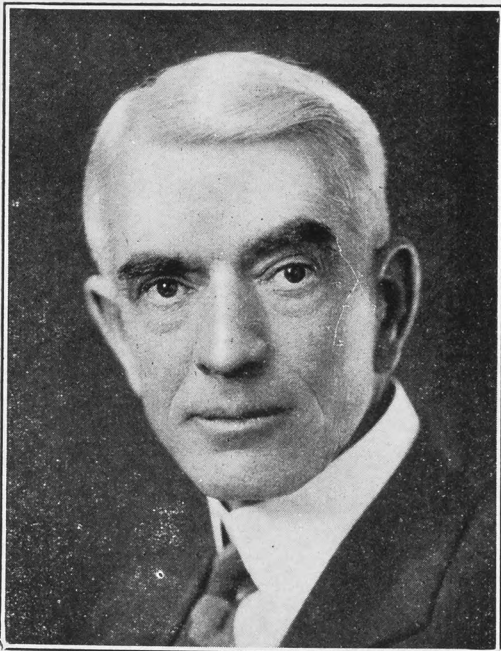
(14) On the main floor, the first door to the right is the doctors' room, and adjoining this is the main office. The Superintendents' offices are on the second and third floors.

(15) Adjoining the admitting rooms were five "detention" rooms where patients could be held until the exact nature of their disease was diagnosed, and none were detained more than temporarily.

(16) All wards have single, two-bed and four-bed rooms. A doctor's room is located on each wing on all floors, and there is a large operating room on each floor.

(17) Special features are the large refrigerators, a soft water cistern which holds 500 barrels, a closet in each wing, fitted with steam pipes, for heating blankets.

This pictures the hospital as it was when it was first opened on February 27, 1914.



DR. A. B. ALEXANDER

First full-time Medical Superintendent of the  
Winnipeg Municipal Hospitals

## FIRST HOSPITAL COMMISSION

The first permanent Hospital Commission was appointed by the City Council under By-law 6826, on June 19, 1911, and consisted of three prominent citizens.

These appointments were the outcome of the substance of a "Report on Hospital Accommodation for the City of Winnipeg," made by a special Commission of Enquiry, signed by the late Chief Justice Mathers, the late Dr. J. R. Jones and the late Mr. G. R. Crowe. This Special Commission received its authority from a resolution of Council dated June 22, 1908, and reported on December 30 of that year.



MR. GEORGE STOKER

First Secretary and  
Manager

\* \* \*

"What we have done for ourselves alone, dies with us; what we have done for others and the world, remains and is immortal."—Albert Pike.

"Greatness is to take the common things of life and walk truly among men. Happiness is a great love and much serving."—Henry Drummond.



# *Excerpts from the Annual Reports and Special Events at the Winnipeg Municipal Hospitals 1911–1958*

## 1911

### PLANS FOR "DAY AND NIGHT CAMP"

(From the Winnipeg Free Press, Dec. 9, 1911)

"When the King Edward Hospital is ready for occupation the temporary hospital will be utilized for use as a camp for the treatment of incipient cases of Tuberculosis. There are many patients who cannot afford to leave their work for treatment at a hospital, and so a system has been worked out whereby they can gain access to this hospital or camp, as it will be called. During the day treatment will be given women and children and at night it will be a night camp for the treatment of working men."

### ONE OF FIRST CONTAGIOUS DISEASE HOSPITALS

Winnipeg took the lead in Canada, and was among the first cities on the continent to take up the question of the treatment of contagious diseases on a broad basis.

### HEATING AND LAUNDRY SYSTEM — 1911

A feature of the general layout is the central heating system and laundry building. Steam for heating is supplied by a battery of boilers on the ground floor and the laundry work is done on the top floor. This laundry plant, 44 by 68 feet, will be one of the most modern in the City. The building is now nearly ready for occupation.

### TENDERS

Many tenders were published in the 1911 and 1912 papers for the building, furnishing and equipping of the Hospitals then being built.

## 1912

In 1912 the King Edward Hospital had a capacity of 72 beds, 14 utilized for nurses and female household staff, and 58 for "advanced consumptives."

All applications for admission were submitted to the Commission, and preference was given to those who, by reason of poverty, were less able to provide themselves with proper treatment and isolation.

Meanwhile the patients were transferred from the temporary hospital to the King Edward Hospital, and the first patient was admitted on July 26, 1912.

The temporary hospital was closed and fumigated, and redecorated in readiness for use as a

Nurses' Residence, but another outbreak of Scarlet Fever came, and since the Scarlet Fever Hospital on Bannatyne Avenue was filled, the temporary hospital was opened as a Scarlet Fever annex on January 27, 1913.

The King George Hospital was under construction in 1912, and the power house, laundry and greenhouse were built that same year; also a concrete tunnel connecting the King George Hospital with the power house.

## 1913

In 1913 the first Annual Report of the Winnipeg Municipal Hospitals was published.

In this one report will be published the entire list of those who first officiated at these Hospitals.

### First Commissioners:

Mr. R. T. Riley, Chairman.  
Mr. Alexander Macdonald.  
Mr. Edward Brown.

### First Full Time Medical Superintendent:

Dr. A. B. Alexander.

### Assistant Medical Superintendent:

Dr. Alvin T. Mathers.

### Superintendent of Nurses:

Miss Mabel Blackmar.

### Secretary:

Mr. George Stoker.

### Mechanical Superintendent:

Thomas Townend.

### Honorary Consulting and Attending Staffs:

**King Edward Memorial Hospital** (for Advanced Consumptives):

### Consulting:

Dr. Wm. Chestnut.  
Dr. Fred A. Young.

### Attending:

Dr. R. E. Davis.  
Dr. E. A. Jones.  
Dr. Hugh Mackay.  
Dr. George Stephens.

### Scarlet Fever Hospital:

### Eye and Ear Specialists:

Dr. E. J. Washington.  
Dr. George W. Fletcher.

**Attending:**

Dr. E. F. Nivin.  
 Dr. Donald McKenty.  
 Dr. M. C. O'Brien.  
 Dr. H. W. Wadge.

**THE HOSPITAL GROUNDS**

Realizing the desirability of defining the boundaries of the Hospital grounds, our first work was to arrange to have the whole 23 acres fenced in. This was done at a cost of \$235.91.

We were fortunate in securing the co-operation of Mr. G. Champion, Parks Superintendent, who kindly prepared an excellent landscape plan for laying out and beautifying the grounds so that "they might be most advantageously utilized for the proper display and arrangement of the buildings and the full measure of their picturesqueness enjoyed not only by the patients but by the residents of the district.

"We have no doubt that ultimately these grounds will constitute one of the city's beauty spots, easily and safely approached by the well paved streets which lead to them."

These grounds have, throughout the years, fulfilled the earliest desires of those who planned them, in providing a most beautiful park-like area around the hospitals.

The greenhouses and gardens have also fulfilled their hopes in that they have, year after year, provided an abundance of vegetables and flowers for use at the hospitals.

Plans were under way to transfer the 65 patients from the Beath Hospital, bought by the City in 1911, to the King George Hospital as soon as it was completed.

Plans were also under way for providing a Doctors' Residence.

**1914**

An addition to the power house was made, with Claydon Bros. as contractors. This included storage for storm windows, an office for the engineer, a store room for mechanical supplies, workshops for the carpenters, painters and steamfitters, as well as an ambulance garage.

The interior of the King Edward Hospital was painted throughout.

After many delays, the King George Hospital was finally completed and handed over to the City by the Architect, Mr. H. B. Rugh, on Thursday, February 12, 1914, and the building was ready for occupation on February 26.

On that day the building was formally opened with a luncheon at which members of the City Council and others interested in the Hospital were present. The public also availed themselves of the opportunity of viewing the building.

On Friday, February 27, 1914, the first patient was received and 205 patients were admitted within two months.

A fire alarm system was installed, as well as steel fire escapes on both hospitals.

The cost per patient was \$2.09½ at that time.

The Health Department has long hoped for a hospital such as we now have, in order that they might adequately control epidemics of infectious diseases.

St. Alban's Anglican Church choir, the Salvation Army groups and Grace Church choir were among many groups providing services and entertainment for the patients.

**1915**

The accommodation at the King George Hospital is 190, but no more than 140 patients have been housed at one time, to date, and on one occasion the census was 19.

As a preventive measure against cross-infection, three distinct sections are being operated—one for Scarlet Fever, Diphtheria and Measles.

At the time 94% of our Nursing staff were graduates. It was recommended that all Nurses be required to have training in communicable diseases to be eligible for registration.

The King Edward Hospital for patients with advanced pulmonary Tuberculosis continued to be the busiest of our institutions and has been filled to capacity..

Two lawn pavilions were erected for the patients along the river bank.

Accommodation was provided for the ambulance team by converting an old disinfecting shed into a four-stall stable. We are now able to handle the greater part of this service ourselves, having purchased a horse-drawn ambulance last August.

It was noted that the Hospital Commission had been appointed from the recommendation that such action would remove the operative end of the City's hospitals from direct political influence and control.

When the King George Hospital first opened it was thought wise to admit only patients with Scarlet Fever and Diphtheria, but an epidemic of Measles spread over the City and after consultation with the Health authorities, it was decided to open one ward, and later two, for Measles. With more adequate accommodation all patients were kept hospitalized until all discharges had ceased.

The accommodation at the King Edward Hospital was increased by 30 when the Nurses and female help were moved to the temporary building which had been converted into a Residence.



Although primarily the King Edward Hospital at that time was for advanced cases of Tuberculosis, some patients in their early stages of Tuberculosis had been admitted and later were transferred to the Sanatorium at Ninette.

The Health Department was doing a very real work in checking all contacts of patients admitted here.

The Residence for the Medical Superintendent was completed in 1914.

We also began our first affiliation program with Winnipeg training schools for Nurses in 1914 when pupil Nurses from the Winnipeg General Hospital and from the Winnipeg Children's Hospital came to us for courses in the care of communicable diseases.

It is noted that the gross cost per patient day was \$2.49; the net cost, \$2.31.

## 1916

It is recorded that the past year has been the busiest in the history of these Institutions, one reason being the treatment of soldiers returning from overseas, who are afflicted with Tuberculosis.

A new Nurses' Residence was becoming a very real need, and it was planned that the building at present occupied by the Nurses could be used in the event of a future epidemic or for some specific disease or as a recreation room and workshop for convalescing patients.

Dr. B. J. Brandson and Dr. Donald McIntyre were among the honorary consulting staff at the time.

A severe flood in 1916 put the power plant out of commission and filled the basements of both hospitals. At the time there were 230 patients, but all escaped serious trouble. Many discomforts and difficulties arose and were overcome. The staff worked hard and cheerfully, and displayed courage throughout the disaster. Very little other information is recorded regarding this 1916 flood, but it was strongly advocated that everything possible be done in the line of flood prevention for the future.

All types of communicable diseases, excluding Smallpox only, were now being cared for in the King George Hospital, and the City continued to make special arrangements for this disease. Dr. Alexander said that he felt that in the not too distant future the public would recognize the fact that even this disease could be handled by the institution.

He also advocated setting up a ward for children with Tuberculosis, but before arrangements could be made, there was an outbreak of infection among the soldiers and our accommodation was taxed to the limit.

The mortality rate for Diphtheria was 6.05% for the first 48 hours, but 3% after that time.

Dr. Alexander strongly advocated the early use of Diphtheria Antitoxin as soon as the disease was suspected.

He also felt that in the near future it would be necessary for us to take over other specific diseases from the General Hospital, and so it would soon be necessary to enlarge the King George Hospital.

It was also advocated that the King Edward Hospital be enlarged to accommodate many patients requiring admission for Tuberculosis.

He also strongly recommended that a clinic for Tuberculosis be established somewhere in the centre of the City.

## 1917

A change in policy was made in respect to the direct management of the hospitals, and, in place of divided authority, Dr. A. B. Alexander, who has been connected with the hospitals since their inception, was appointed General Superintendent, having formerly been Medical Superintendent.

Being far removed from street cars and other lines of travel, and finding that our horse-drawn ambulance could not handle the increased number of cases with proper promptitude and dispatch, a motor ambulance was purchased which solved the problem of transporting the patients. Prior to this a five-passenger Ford car had been bought to facilitate the work of the staff and provide free transportation to and from street cars, for employees when off duty and patients being discharged. In this respect the institutions are well equipped to render better service to all.

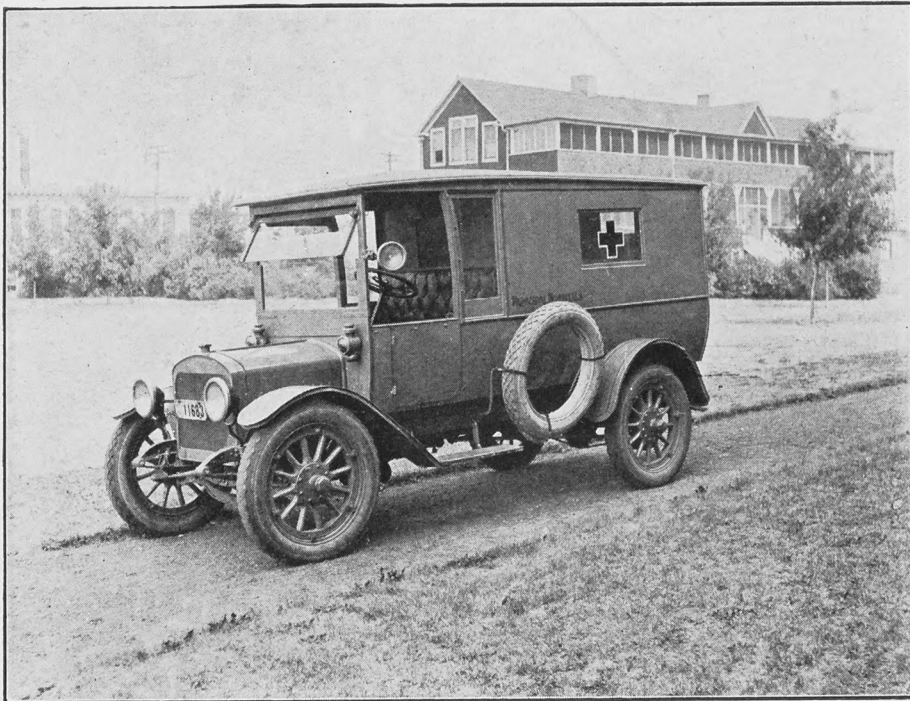
The Laboratory is now under the charge of Miss Ruby Moreton who came to us from the Winnipeg General Hospital.

Three training schools now send their pupil nurses for affiliation at our hospitals, namely, the Winnipeg General Hospital, the Children's Hospital, Winnipeg, and the Selkirk General Hospital.

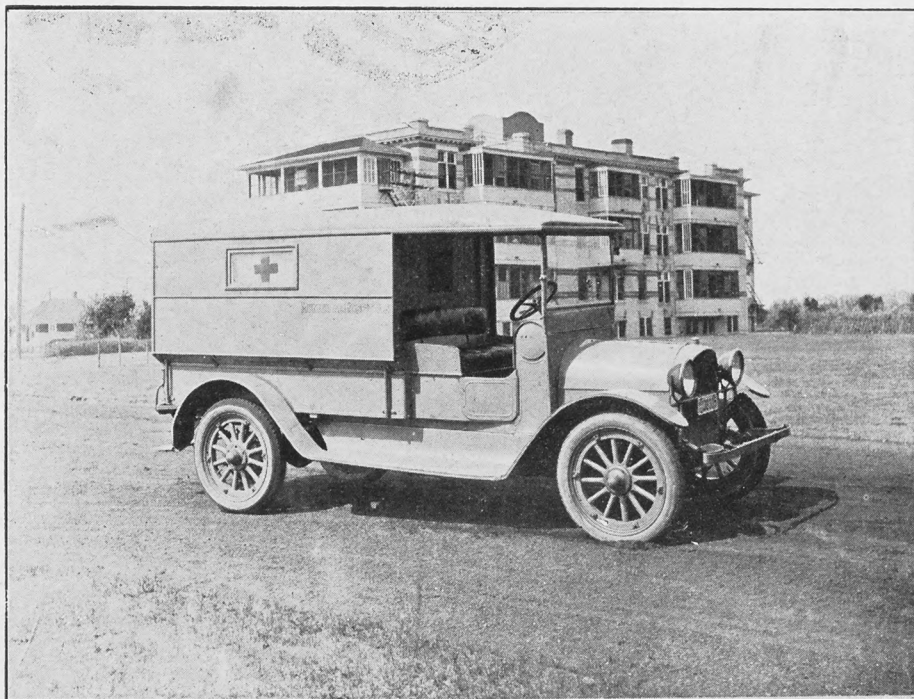
Miss Mabel C. Blackmar, Superintendent of Nurses, hoped to establish affiliation with every accredited hospital in Manitoba and the adjoining provinces. She also hoped that each graduate nurse, who had not had contagious disease training would avail herself of our post-graduate course.

During the year, 18 of our staff nurses left for military duty overseas.

Two houses on Morley Avenue and rooms in two other homes were rented for our staff. Thus more accommodation is urgently needed.

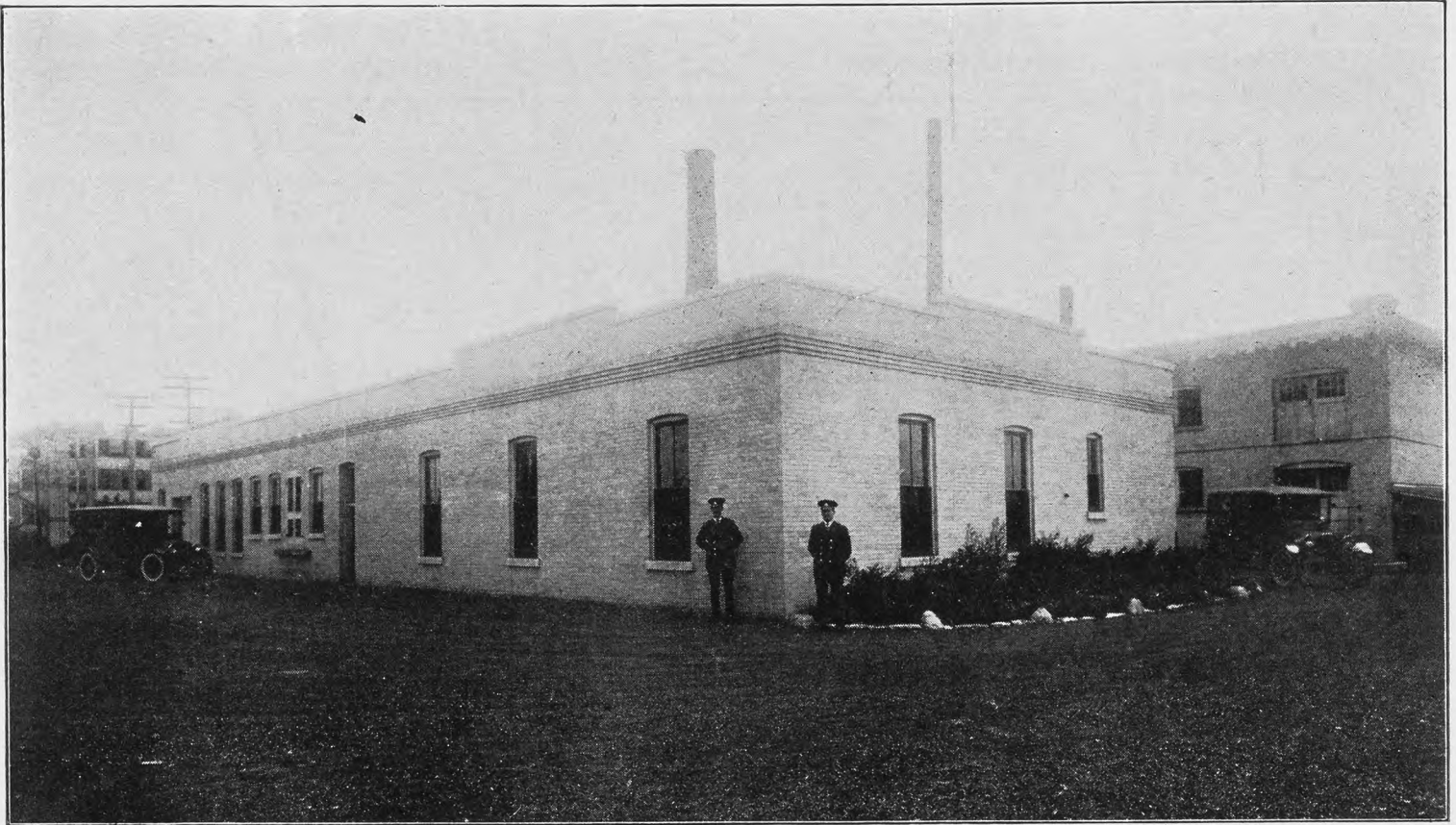


VERY OLD AMBULANCE



OLD AMBULANCE





LAUNDRY



DOCTORS' RESIDENCE

This was the first year we had cases of Infantile Paralysis, the greatest age incidence being under the age of 5 years. Thirty patients were admitted. Epidemics are raging to the East and South of us, so this is not abnormal here.

Several patients were admitted with Hemorrhagic Diphtheria, and a very real problem was that concerning Diphtheria carriers.

A Tuberculosis Clinic has been established at the Winnipeg General Hospital, and this has been a real step forward.

Dr. Alexander continued to advocate the urgency of calling a Doctor early when symptoms of Diphtheria occur, and the early administration of Diphtheria Antitoxin, not even awaiting the culture report. He also believed in hospitalizing patients with Diphtheria to prevent epidemics.

The Hospital Commission felt that in future hospital construction the ideas and suggestions made by those who work in these institutions day by day, be embodied in the plans rather than have an expert advise on such construction. These ideas would be conveyed to the architect.

During the year, 845 cases of Diphtheria, 273 cases of Scarlet Fever, and 287 cases of Measles were treated here.

## 1918

This was a very busy year, with 1,782 patients admitted to these Hospitals. There were 1,176 cases of Diphtheria. Our death rate was reduced from 4.49% (last year) to 3.88% (or from 3.01% to 2.49% after the first 36 hours following admission to hospital).

Dr. Alexander still urgently advocated the early use of Antitoxin which would have prevented many deaths from Diphtheria.

There is now accommodation for 100 patients with advanced Tuberculosis, in the King Edward Hospital.

Arrangements were made to have a Dental Department at these Hospitals.

The Hospital grounds are now surrounded by a double row of good sturdy young maple trees.

The gardens continue to provide large quantities of vegetables and flowers. The produce this year consisted of the following (stated in bushels). Potatoes, 1,250 bushels; carrots, 420; turnips, 200; parsnips, 185; onions, 140; beets, 75; and the following (listed in pounds): Rhubarb, 17,000; white cabbage, 8,000; leeks, 6,000; tomatoes, 3,600; red cabbage, 3,500; peas, 2,500; spinach, 1,900; beans, 1,800; vegetable marrow, 1,500; citron, 600; cauliflower, 2,480 head; and 200 dozen cobs of corn.

A very real tribute is extended year after year to those responsible for these vegetable and flower gardens.

A mechanical stoker was installed in the power house on December 7, 1917.

Our ambulance made 1,155 trips during the year, covering 10,850 miles.

A fully equipped Dental Room was set up at the King Edward Hospital.

Miss Mary E. Martin became Superintendent of Nurses following the resignation of Miss Blackmar. Miss Blackmar had held this position since the Hospitals opened and resigned to devote herself to war work in the United States army.

Due to military demands a situation has arisen of an acute shortage of nurses, and our Hospitals, along with all others, were seriously affected.

Training schools affiliating at these Hospitals agreed to increase the number of pupil nurses coming for affiliation, and a Publicity Committee of Superintendents of Nurses was convened for the purpose of determining means of interesting suitable young women to take up the nursing profession.

The problem of the present shortage of nurses has led to a discussion recently at the Graduate Nurses' Convention in Toronto and was the occasion of a mass meeting in Boston, Mass.

During the year first-class tennis facilities were provided for the staff.

In 1918 Dr. Dougald McIntyre became Assistant Medical Superintendent.

## 1919

During the year 1919 it became necessary to rent and operate two additional buildings in order to cope with an epidemic of Spanish Influenza. Three thousand seven hundred and eighty-nine (3,789) patients were admitted during the year and 95,502 days' treatment were provided.

During the epidemic our entire staff worked with a will and determination which commanded our most profound admiration. Nurses and others worked long, long hours, and had to forego their usual periods of rest and recreation. The epidemic struck these institutions like a whirlwind. It presented more acute problems and entailed more prolonged and sustained effort on the part of employees than was experienced at probably any other time, yet the staff never wavered. When the epidemic had passed, we were very relieved and satisfied with the manner in which the City's Hospitals had handled their end of it.

Dr. Alexander tells of the epidemic in his report:



"The past year far eclipses previous years in respect to patients treated, this being largely due to the epidemic of Spanish Influenza which raged during the past winter. Before its advent into our city we were aware of what havoc the disease was making in old lands and also in Eastern Canada and the United States, but I think few of us in our highest flights of imagination had any real idea of what was about to overwhelm us.

"Our first case was admitted to the King George Hospital on October 11, 1919, and was simply admitted for convalescence. The patient made a rapid recovery. During the following week a few cases were admitted, some very ill, but it was not until October 18th that we fully realized that we were in the throes of an epidemic. Cases from then on began to be reported thick and fast, and our ambulance service was taxed to the limit. We saw in short order that the King George Hospital would be filled to capacity and further accommodation would be necessary.

"After consultation with Dr. Douglas, Medical Health Officer, we decided that a building must be procured at once, and after looking over several proposed sites we were able to procure a building on Logan Avenue known as the Coffee House. A staff was set to work to overhaul the place, and on October 29th the first patient was admitted there. Devoid of many conveniences such as elevators, etc., it was nevertheless centrally located, and the wards were large and airy. The staff, how-

ever, although lacking the many facilities of the King George Hospital, was imbued with the idea of making the best of things and determined to carry on no matter how great the difficulties.

"In the meantime the Winnipeg General, St. Boniface and Victoria Hospitals had come to the rescue and Dr. Walters handed over to us the North Winnipeg Hospital."

### THE NORTH WINNIPEG HOSPITAL

On January 1, 1909, "The Peoples Dispensary" and "The Bethesda Hospital and Dispensary" were re-named "The North Winnipeg Hospital," and the charter was granted in May, 1909.

The Peoples Dispensary had been formally opened on March 19, 1908, when a small company of people, representing six nationalities, gathered at 235 Powers Street for the opening ceremonies. Two rooms had been rented and the equipment consisted of a few instruments and drugs, and a modest amount of furniture. It was open two hours daily, with Dr. Walters, Miss Mueller and Miss Duren in attendance. The undertaking had the backing of the Women's Baptist Union.

It was not long before the dispensary began to fill a large place in the cosmopolitan life of North Winnipeg. It soon became evident that a hospital department would also have to be started. Consequently on October 1, 1908, a private house at



THE NORTH WINNIPEG HOSPITAL LOANED TO US IN 1919

COURTESY WINNIPEG FREE PRESS

462 Burrows Avenue was rented and a hospital on a small scale was started, and was formally opened on November 4, 1908, under the name of "The Bethesda Hospital and Dispensary."

Then on January 1, 1909, the institution became undenominational in character, and steps were taken to form a board of directors and, in May, 1909, the charter was obtained and "The North Winnipeg Hospital" came into being. The first Medical Superintendent was Dr. Eugene Walters.

In 1909 they had 160 in-patients, 19 major operations, 70 minor operations and over one thousand outdoor patients. The feature of the work done was the large number of children treated, and help and advice given to needy mothers.

Thus the North Winnipeg Hospital began its work at 462 Burrows, a work which was to fill a very real need in North Winnipeg, and it was this hospital which later was loaned for our use during the Influenza epidemic in 1919.

**THE LA SALLE HOTEL** was also rented and used as an annex to the Municipal Hospitals during the Influenza epidemic in 1919, and again in 1920 and 1921 during an epidemic of Scarlet Fever.

Thus many hospitals and temporary buildings played their part in housing patients with communicable diseases before an Isolation hospital was opened, and during severe epidemics in later years.

**THE LOGAN AVENUE ANNEX** or, as it was known at the time, the Logan Avenue Coffee House, was used during the Spanish Influenza epidemic in 1919 when the King George Hospital could not accommodate the number of patients brought in with this disease.

Miss Elsie Robertson, former Superintendent of Nurses at the Municipal Hospitals, recalls her experiences at this Annex. It was a three-storey building with no elevator. All patients were carried up to the wards by the ambulance men. Food and other supplies were carried to the wards on a dumb-waiter which, when loaded, was almost impossible to move. A more complete record of this Annex is found later.

The Police Commission rented us one of the Police Patrol cars, a second Ford car was bought, and our ambulance service soon got control again of the situation which for one week was poor as we were unable to procure outside ambulances.

The situation now appeared better, and we again felt we had control, but for a time were on the "ragged edge" and doubted whether even more hospital accommodation would not be necessary. In fact we had practically made arrangements for another building but the height of the epidemic seemed to have been reached and no further accommodation was necessary.

"We encountered great difficulties in procuring

Medical men and nurses, and I would like here to express my great appreciation of the work done by Dr. McIntyre at the King George Hospital, Doctors Arthur and Backman at the Logan Avenue Annex, Dr. Black at the North Winnipeg Hospital, and also Doctors Meredith and Goodwin who assisted for a short time. I would also like to thank those members of the Medical profession who were always ready to render any assistance in their power. Miss Martin, our Superintendent of Nurses, was tireless in her efforts and had the support of the most loyal nurses in the land."

Miss Mary E. Martin, in her report, added the following:

"The year was marked by a distressing shortage of nurses and Winnipeg was affected by it in common with all other parts of the country. It was most felt during the Influenza epidemic, and too much cannot be said in praise of the unfailing courage and devotion of those who were available for duty during those desperate weeks of severe physical and mental strain.

"Miss Elsie Robertson, Supervisor, who had charge of our Logan Avenue Annex, rendered heroic service under extremely difficult conditions as did Miss Gretta Lyons, our dietitian. I wish to express my appreciation of the fine spirit of co-operation shown by the Manitoba Agricultural College, the Children's Hospital, as well as by the many volunteers who came from all walks of life to render assistance.

"Miss Hattie Hurlburt, Miss Eva McNee and Miss Ella Nicholls all made the supreme sacrifice in nursing Influenza patients."

The epidemic appeared to reach its height about the end of the fifth week, and after the sixth week began to decline.

Dr. Alexander said, "To my mind our Health Department is to be congratulated on the measures taken at the beginning of the epidemic because there is no doubt that at least the epidemic was held in check, and we were thus able to get ready to cope with it, whereas, if allowed to run riot, we should have been overwhelmed."

The North Winnipeg Hospital was closed in December, and the Logan Avenue Annex early in January, as by that time we had reached the stage where it was possible to handle all cases in the King George Hospital.

About the middle of February we had another wave, but the type was entirely different. This subsided about mid-March.

The following shows the number of deaths, in each of the three buildings during the epidemic:

	Cases Treated	Deaths
King George Hospital ....	1,614	134
Logan Avenue Annex....	604	104
North Winnipeg Hosp...	76	11
	<hr/> 2,294	<hr/> 249



These figures are not meant for comparison, since the Annex and the North Winnipeg Hospital were only used during the severe epidemic. However, the figures show that this epidemic was a fearful thing and the death toll was terrible. Some of the outstanding features were:

- (1) The appallingly high death rate in young adults from 20-35 years.
- (2) The extremes of life stood the disease well and the death rate among children was small.
- (3) There was a high death rate among pregnant women.
- (4) Pneumonia was a complication in practically all fatal cases.
- (5) Empyema was a frequent complication.

A remarkable feature was that other contagious diseases were conspicuous by their absence during the epidemic.

It became more apparent that eventually more accommodation at the King George Hospital would soon be necessary.

In a great number of cases it was noted that Influenza was responsible for lighting up old foci for Tuberculosis, and so the King Edward Hospital was filled practically to capacity the greater part of the year.

A low proportion of staff contracted Influenza. Two of our regular staff and one volunteer nurse succumbed to the disease.

In 1919 our Commissioners were:

Alderman A. H. Pulford.  
Alderman R. R. Scott, Esq.  
Alderman W. B. Lowe, Esq.

Honorary Staff:

Dr. B. J. Brandson.  
Dr. Donald F. McIntyre.  
Dr. G. S. Fahrni.  
Dr. E. J. Washington.  
Dr. F. D. McKenty

The Officers were:

Dr. A. B. Alexander, Medical Superintendent.  
Dr. Dougald McIntyre, Assist. Superintendent.  
Miss Mary E. Martin, Superintendent of Nurses.  
Miss Elsie Robertson, Supervisor, Contagious Department.  
Miss Clara Brisby, Supervisor, Tuberculosis Department.  
Mr. Thomas Townend, Mechanical Supt.  
Mr. George Stoker, Secretary and Business Superintendent.

Plans and specifications were under way for the construction of a new Nurses' Residence.

On November 29th, 1918, the property holders of Winnipeg, by a vote requiring a three-fifths majority, passed By-law No. 9784 authorizing the

creation of a debt of \$400,000.00 for expenditures in the way of additions and improvements to their Hospitals, including a new Nurses' Home.

### **EIGHT-HOUR DAY**

When the nursing situation had eased up a little in January, we proceeded to inaugurate an eight-hour day (52-hour week) and were probably the pioneers of the Province, if not in the Dominion, in this respect. This change was greatly appreciated by all. We had 9 Nurses on our staff, including our 5 affiliating pupil nurses.

### **NEW NURSES' HOME**

As soon as the new Nurses' Home is in use, the general business office will be moved to the old Nurses' Home and proper record room space will be provided. The space (adjacent to the switch-board, in the King George Hospital) which has been used as the Business Office, will be converted into a much needed rest and reception room for visitors to the King George Hospital.

### **LAUNDRY AND SEWING ROOM**

During the past busy year the laundry has been operating under difficulties in cramped quarters so that plans are under way to provide more laundry space and transfer the sewing room into the same building.

### **AMBULANCE**

The ambulance service operated by Mr. G. W. Sparrow continues to be very busy, and, during the Influenza epidemic, ambulatory patients were brought to Hospital in another Ford car, and a police patrol ambulance was rented until after the peak of the epidemic. This auxiliary service handled 442 patients during the short time it was operating.

### **MOTOR BUS OR CAR SERVICE**

The residents whose homes are adjacent to the Hospitals have been petitioning for a bus service on Morley Avenue, to be operated in conjunction with the street car service. The Commission has given its support to this petition on behalf of the Hospital Community which it represents, and in the interest of patients and their friends, many of whom complain of the difficulty of getting to the Hospitals as expeditiously and frequently as they would wish because of the lack of adequate transportation facilities.

### **MOVING PICTURES**

Through the courtesy and kindly interest of Mr. Alexander Macdonald, a former commissioner, we have been able to purchase a moving picture machine for our own use. Educational and other subjects will be presented for the instruction and entertainment of both patients and staff. We anticipate great benefits from this service which has hitherto been so excellently and courteously performed by the National Council of the Young

Men's Christian Association, represented by Mr. Pound, and also by Mr. Jackson of the Western Canada Flour Mills, to each of whom we take this opportunity of extending our thanks.

### HOSPITAL COMMISSION

At this same time appreciation was extended to the Council for its vote of confidence in the Commission at the time a proposal was made to disband it and bring the management of the Hospitals under the direct control of Council.

For the information of those who were not familiar with the origin of the Hospital Commission, an excerpt was recorded from the report of a Special Commission appointed by Council on the 22nd of June 1908 to consider and report on the whole subject of hospitals and hospital accommodation in relation to the City of Winnipeg. Acting on the recommendation from this report, Council passed By-law No. 6826 appointing its first Hospital Commission on June 19, 1911.

### OCCUPATIONAL THERAPY

In the 1919 Annual Report was the following by Miss Mary C. Martin, Superintendent of Nurses, "Something in the way of occupation for the minds and fingers of sick people is considered necessary for their health and happiness. This is especially true of the tuberculosis sick whose treatment includes long periods of rest in bed. For these patients an hour or two of light interesting work such as bead work, basketry, pottery, etc., serves as an outlet for excessive nervous energy, and brings enjoyment and contentment into their lives. The Invalided Soldiers Commission, realizing the importance of Occupational Therapy, has provided an 'Aide' to teach and work with their 'boys' at the King Edward Hospital. This has been so much enjoyed that we wish such service could be given to all patients in that Institution."

### SOCIAL SERVICE

Miss Martin also states, "I wish particularly to draw your attention to the need of a special worker on our staff. This worker should be a well trained nurse with special training in infectious diseases including tuberculosis. She would accompany the ambulance when a patient is sent for, securing the history of exposure to other diseases, and instructing the family as to what precautionary measures should be taken until the house is disinfected."

### CARE OF PATIENTS AND BUSINESS MANAGEMENT

"In order that the professional care of patients might be unrestricted and unhampered by the less important but very numerous problems of business management, it was decided at the beginning of year (1919) to separate these two departments."

## 1920

### FISCAL YEAR

In order to bring Hospital records into harmony with the new fiscal year ending December 31, two reports were submitted, one ending April 30, and the second ending December 31.

### ACCOMMODATION

Accommodation was a very big problem during the year. The highest number of patients in Hospital on any one day was 458. Thus it became necessary to rent the La Salle Hotel in Elmwood, which relieved the situation enormously. This hotel was used as an annex to the King George Hospital, was refitted and opened for patients early in February. Scarlet Fever patients only were admitted. Within three weeks it was filled to its capacity of 100 beds without lowering the census of the King George Hospital.

At the time still more accommodation was required for patients and it was being considered as to whether to purchase the La Salle Hotel or build an additional wing on the King George Hospital.

The contract for building the new Nurses' Home was completed on April 12, 1920, and the first sod was turned the following day.

Since it became impossible to procure outside accommodation for the increased nursing staff, it became necessary to take over the top floor of the King Edward Hospital for that purpose until completion of the new Residence. This limited the bed capacity at the King Edward Hospital and it became necessary to procure the North Winnipeg Hospital for a period of six months, and a number of less seriously ill patients were removed to that place.

Later in the year there was an outbreak of Measles and the Health Department needed space for them. In a few weeks we emptied the La Salle Annex of Scarlet Fever cases and started admitting measles. However, after two weeks we found the demand was not great, and as Scarlet Fever was still increasing we decided to remove patients from the North Winnipeg Annex back to the King Edward Hospital and to use this annex for Measles, and again use the La Salle Annex for Scarlet Fever. The latter was refilled again within a few weeks. 1,282 patients with Scarlet Fever were discharged during the year.

An epidemic of Lethargic Encephalitis (Sleeping Sickness) was handled at the same time, by the Winnipeg General Hospital, using their Observation Department for that purpose. Thus they came to our rescue, since we were unable to supply accommodation, but at great inconvenience to themselves.

Dr. Alexander strongly recommended an early addition to the King George Hospital.



## **GROUND S**

With building operations in progress it was not possible to do much toward beautifying the grounds, but Mr. John Calmes, head gardener, in the meanwhile did not permit any available land to lie idle and an abundance of vegetables of all kinds was provided for the Hospitals.

Mr. Calmes also solved the problem of storage of these vegetables by building a rectangular shaped pit with a gable roof and maximum ventilation, in which vegetables could be safely stored.

## **AMBULANCE SERVICE**

Since it became necessary to again provide hired ambulances during epidemic periods, a second ambulance was purchased and converted in our workshop from an old military omnibus.

This ambulance also assisted in the jitney service to and from the Osborne street cars, and, with a snow-plow attachment, did service in keeping the roads clear during the winter time.

## **AFFILIATION PROGRAM**

Eight training schools for nurses, including one from Northern Ontario, are affiliating with our Hospitals now, for infectious training. This is a three-month course.

## **APPRECIATION**

Appreciation was extended to St. Alban's Anglican choir for providing Christmas music for the patients, and to the many individuals and groups who provided concerts and other entertainments for the patients during the year.

## **EPIDEMICS**

Scarlet Fever and Diphtheria continued to be very prevalent and 13 patients were admitted with Poliomyelitis.

## **IMMUNIZATION**

Dr. Alexander reported that we aim during the next year to still further the campaign against Diphtheria by inducing parents to have children from 1 to 10 years immunized with toxin-antitoxin.

A Schick test, Dr. Alexander said, was a simple means of determining whether a child would be susceptible to Diphtheria and therefore require the immunization.

## **TUNNEL**

During 1920 the tunnel from the Nurses' Home to the power house was constructed.

# 1921

## **HOSPITAL COMMISSION**

For the first time since the Hospital Commission was formed in June, 1911, the number of its members has been increased from three to five.

## **PATIENTS TREATED**

During the year 2,251 patients were in hospital, representing 92,372 days of care. The average stay of patients, excluding Tuberculosis, was 32 days.

## **PER CAPITA COSTS**

The per capita cost was \$3.64, slightly higher than in previous years.

## **ACCOMMODATION FOR PATIENTS**

The La Salle Annex was maintained and was available throughout the year. The total average patients in the King George Hospital and La Salle Annex was 210. This average was, however, considerably exceeded at certain periods of the year, and therein lies the problem of the hospitalization of contagious diseases. Hospitals for such patients must be sufficiently flexible in their dimensions to permit them to absorb the ebb and flow of minor epidemics and seasonal prevalences. Evidence of this may be gathered from the fact that buildings to accommodate the overflow from the King George Hospital have had to be rented each year since and including 1918.

According to the Health Department statistics, 833 cases of Diphtheria were admitted to these hospitals in 1921 out of a total of 1,084 occurring in the city, equal to 77%. Of Scarlet Fever cases, 860 were admitted from a total of 1,171, or 73%.

These percentages, we believe, are indicative of the fact that our community is advanced beyond what is usual with communities in the matter of hospitalizing its sick and, especially where communicable diseases are concerned.

## **NEW NURSES' HOME**

The new Nurses' Home is now an accomplished fact, having been taken over by the City on March 14, 1921, and officially opened by His Worship Mayor Parnell, on December 28, 1921.

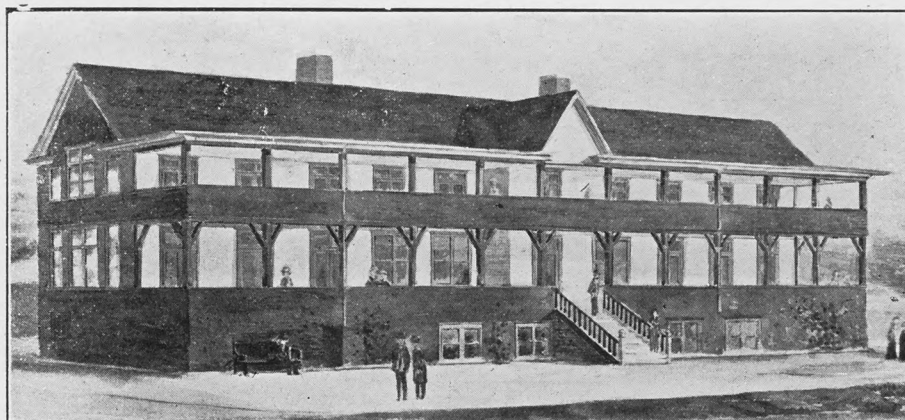
It is a beautiful, solid, substantial and capacious building, large enough, we believe, to take care of the needs of the staff for many years to come.

## **X-RAY INSTALLED**

The installation of an X-ray plant in the King Edward Hospital was a big forward movement.

## **SMALLPOX CARE**

Another epoch-marking event was the opening up of an annex for the care of Smallpox patients. Dr. Alexander said years before that he and Dr. Douglas had strongly advocated such a measure, but it naturally took time to educate public opinion along these lines. Today, instead of having to transport our patients miles out on the prairie, oft-times over almost impassable roads, and with quarters only partially fit for their care, we can take care of these patients on our Hospital grounds, in quarters most convenient and comfortable.

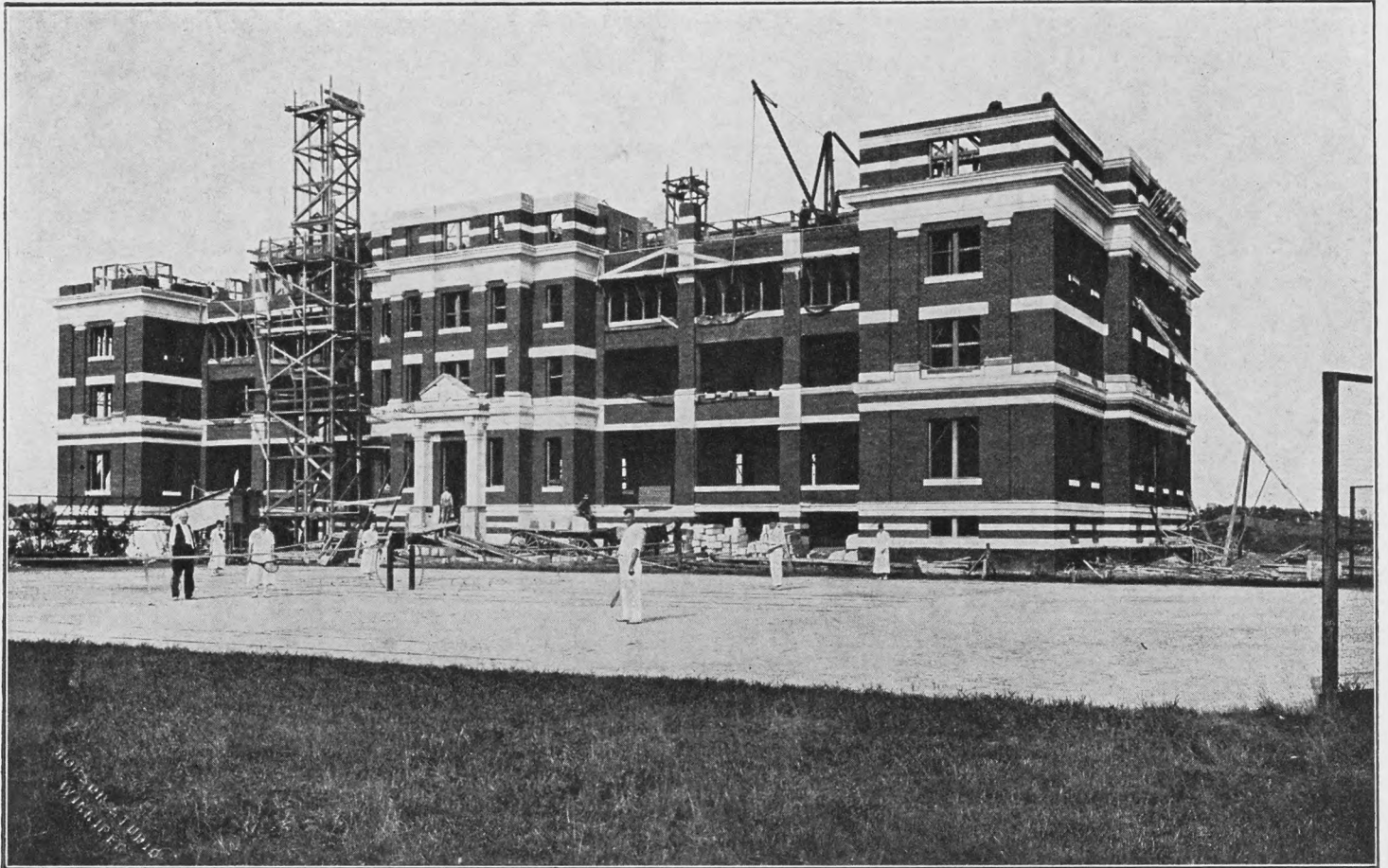


EARLY NURSES' RESIDENCE AT WINNIPEG MUNICIPAL HOSPITALS

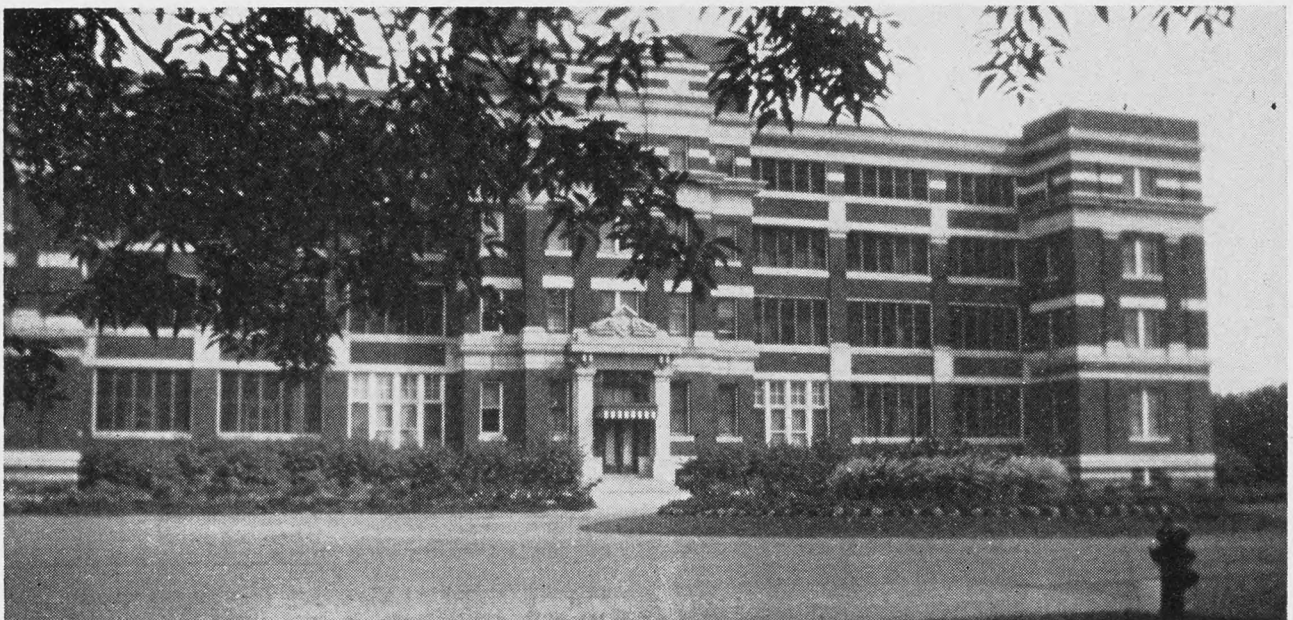


PLAN OF THE NEW NURSES' HOME

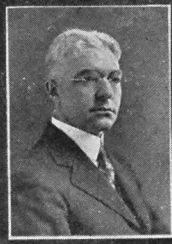
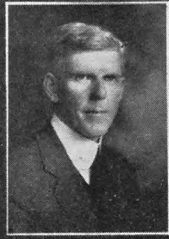




NEW NURSES' HOME UNDER CONSTRUCTION



OUR NURSES' RESIDENCE (OPENED 1921), WINNIPEG MUNICIPAL HOSPITALS

E.J. WASHINGTON M.D.  
OPHTHALMOLOGIST & OTOLOGISTG.S. FAHRNI M.D.  
SURGEONJ.D. MEEACHERN M.D.  
SURGEONB.J. BRANDSON M.D.  
SURGEONF.D. MCKENTY M.D.  
OPHTHALMOLOGIST & OTOLOGISTDONALD F. MCINTYRE M.D.  
SURGEONA.A. MURRAY M.D.  
ORTHOPEDIC SURGEONFRANK SMITH M.D.  
RADIOLOGISTJ.S. MCINNES M.D.  
PHYSICIAN

## Honorary Consulting and Attending Staff

HONORARY CONSULTING AND ATTENDING STAFF IN 1922

### MISS MARY E. MARTIN RESIGNS

Miss Martin, our Superintendent of Nurses, received an appointment to a similar position in the Winnipeg General Hospital. This appointment opens up a larger field for her efforts and we all congratulate her and wish her every success in her new field of work.

### MISS ELSIE ROBERTSON

Miss Robertson has assumed the position of Superintendent of Nurses and, with the assistance of Miss Christine Grant, the splendid work of the past in our nursing department will be carried on at the highest point of efficiency.

### AFFILIATION PROGRAM

Twelve training schools for nurses are affiliating at these Hospitals.

### NURSING STAFF

At the year's end we had 71 staff and 8 pupil nurses, for an average of 274 patients, and covered the King George, King Edward Hospital, the Smallpox Annex and the La Salle Annex. 63% of this service was by graduates. 17% was by affiliates and post-graduates. 20% was by attendants.

## 1922

In its eleventh annual report the Hospital Commission spoke very favorably of three features in connection with these Hospitals, namely, the vastly extended service which has been rendered, the

lowered death rate (being the lowest ever recorded) and the reduced per capita costs. We believe that the citizens realize that our main object and aim is to give a maximum of efficiency of service in the care of our patients.

### LA SALLE ANNEX

At the beginning of February the lease of the La Salle Annex was allowed to lapse and we have been operating without reserve accommodation of any kind, although for some months the normal rated capacity of the King George Hospital (200 beds) was far exceeded. On December 11, that building contained 262 patients. The staff has never approved of this condition since, with overcrowding, the possibilities of cross-infection are greatly increased.

### SMALLPOX

This being the first year that patients with Smallpox have been treated at these Hospitals, 71 have passed through the wards without a single casualty.

Towards the end of the year we had a sharp outbreak of Smallpox and some rather interesting points in the matter of vaccination as a preventative measure were very forcibly demonstrated. 71 cases were treated, with no deaths. Only two of these patients claimed successful vaccination. Seven were vaccinated after exposure and although too late to prevent the disease, yet the symptoms were less severe and the pocks dried up more quickly.



The following story, as told by Dr. Alexander, will need no comment.

A party was held in a home in which there was a case of Smallpox, of course not diagnosed at the time. When the case was discovered a few days later, a careful enquiry was made by the Health Department as to possible contacts and a list of those attending the party was procured. Two young people who were there begged of their hostess not to divulge their names as they did not want to have sore arms from vaccination during the Christmas festivities. Instead of having the sore arms they spent Christmas in the Smallpox Annex. Demonstrations such as these should, it is hoped, convince even the most hardened anti-vaccinationist.

The work done by the Health Department in the control of this epidemic has been marvellous, and the prevention of a widespread epidemic has been entirely due to their activities.

Everyone was gratified in establishing in these grounds, a section for the care of this disease where the patients can now be cared for in comfortable quarters, and no longer can the term "pest house" be used in Winnipeg.

There were still a large number (975) of patients admitted with Diphtheria despite the repeated warnings of Dr. Alexander to parents to avoid neglecting sore throats and to see a Doctor at once and have early treatment to avoid the loss of so many precious little lives.

#### **AFFILIATION PROGRAM**

Student nurses from 13 schools affiliated at these hospitals during the year, and 18 graduates took post-graduate courses in Communicable Disease Nursing.

#### **DONATIONS**

We are especially indebted to the Tribune Christmas gift committee for their generous contribution of gifts for the children; to Mr. A. Mac-

donald for his continued beneficence to patients and staff; to Mrs. A. H. Pulford for the handsome tea wagon presented to the Nurses' Home, and for the donation of fruit for the staff, from Mr. R. R. Scott.

#### **CYCLONE 1922**

It was necessary to re-construct a balcony at the King Edward Hospital, which was blown away by a cyclone on June 23.

#### **MORLEY BUS**

On April 7, 1922, the inauguration of bus service began along Morley Avenue. This means a great deal to the public, patients and staff alike, bringing them right to the very gates on the one fare. It is of inestimable benefit and a great saving to patients going home after recovery, many of whom had to hire taxis unless an ambulance happened to be available at the time.

## **1923**

#### **PATIENT CENSUS**

2,490 patients received 89,499 days treatment during the year.

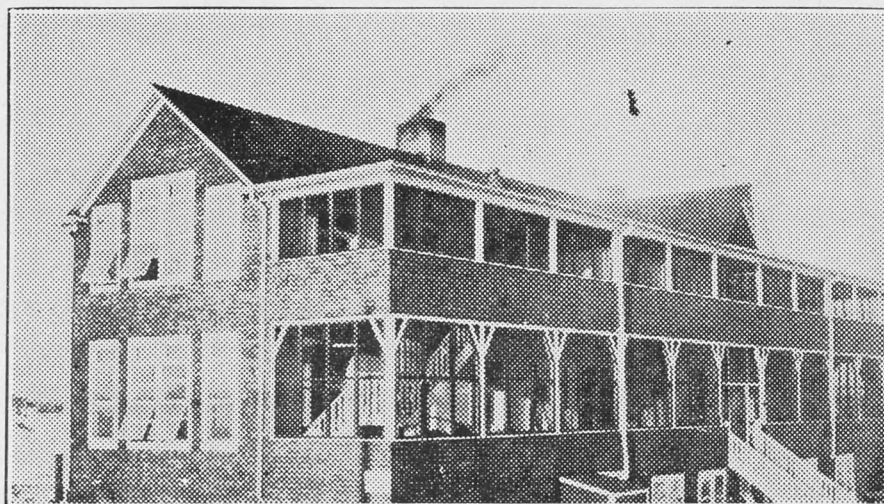
The highest census in the King George Hospital (capacity 200) was 251 on February 8, and the lowest was 77 on August 8. The Smallpox Annex (capacity 30) had 36 patients on April 13. The highest number in the King Edward Hospital (capacity 100) was 93 on April 16. The average length of stay was 26½ days for communicable diseases, and 187 days for advanced Tuberculosis.

#### **AMBULANCE**

One ambulance made 827 trips, the other 968 trips during the year.

#### **LAUNDRY DEPARTMENT**

The laundry had over a million pieces to



SMALLPOX ANNEX IN HOSPITAL GROUNDS, 1921

COURTESY WINNIPEG FREE PRESS

laundry during the year. Mr. T. G. Kane was appointed foreman in place of Mr. C. W. Walton who resigned to start a laundry on his own behalf.

### **RADIO DONATED**

On Tuesday, May 29, 1923, the patients at the King Edward Hospital were entertained by the Soldiers' Memorial Chapter of the Imperial Order of the Daughters of the Empire. An ice cream social and radio concert were provided, and a radio, complete with an amplifier attachment connected with each floor, was presented to the Hospital.

### **VISITING GROUPS**

Acknowledgment was made of the many individuals and groups of people who visit the patients, entertain them and provide so many gifts and kindnesses, proving that there are many citizens who don't think that because an institution belongs to the City it does not need their help.

### **AFFILIATION COURSES**

Eleven affiliated schools have sent their students to these Hospitals, three for a two-month period, and the others for a three-month course in communicable diseases.

### **MEDICAL STUDENTS**

Fifty-five fourth year medical students were given lectures and clinics on communicable diseases, and nine final year students each spent four months on the wards. This is now a part of the University curriculum which must ultimately react beneficially to the province as a whole, in the control and care of communicable diseases.

### **HONORARY CONSULTING AND ATTENDING STAFF**

Warmest praise was extended to the medical staff. Specialists in their own respective departments, they render, whenever called upon, the very best professional services obtainable. Their gratuitous contributions to the welfare of the community is something deeply appreciated by the Hospital Commission.

### **PERMANENT STAFF**

The permanent staff has conducted the active operation of the Hospitals with praiseworthy harmony and efficiency and they, in turn, attribute this result to the splendid co-operation, energy and enthusiasm of those under them.

### **IMMUNIZATION**

Dr. Alexander was very pleased to note that toxin-antitoxin immunization against Diphtheria was getting a firm hold and he said that, without a doubt the incidence of Diphtheria will be greatly reduced.

### **DISEASES PREVALENT**

In the early part of the year there were quite a number of Encephalitis (Sleeping Sickness) cases of a severe type, and the mortality rate was high.

Smallpox threatened on two occasions, but prompt work on the part of the Health Department prevented this in a large measure. There has been quite a marked increase in the severity of the disease, in fact we have had a few cases of severe or confluent Smallpox, though none have been fatal.

Dr. Alexander stressed the need of vaccination and said he often wished it were possible to show a severe case to those who oppose vaccination and he was certain that a mere glimpse would be sufficient to convert them.

### **OUTDOOR DEPARTMENT**

This department has handled a considerable number of out-patients, check-ups of contacts of Tuberculosis patients, and quartz lamp and pneumo-thorax treatments.

### **NURSING**

Miss Elsie Robertson reported an average of 61 nurses on staff, giving care to an average of 245 patients.

128 days of special nursing care were given to dangerously ill patients.

During the year there were 27 resignations from the nursing staff, and 11 affiliating schools sent student nurses for courses here.

Twenty post-graduate courses were given.

## **1924**

On August 17, 1924, one of the members of our Hospital Commission, Mr. R. R. Scott, died very suddenly. For the past seven years he had been one of its most valued members.

### **GOVERNMENT GRANT**

This year the Provincial government, for the first time, made a grant of \$2,000.00 to these Hospitals. This grant represents recognition by the Province of what is being done by the Hospitals for other Manitoba municipalities, especially those adjacent to Winnipeg, and is the culmination of years of effort by the Commission toward this end.

### **GROUND**

In accordance with the original scheme of things when the hospital site was first acquired, it has been the practice to endeavor to bring the grounds up to as high a state of productivity and beauty as possible. They never looked better or produced more than in 1924, reflecting great credit on the gardener, Mr. Calmes. Shrubs were



re-arranged and a wealth of flowers produced an effect of exceptional charm. New flower beds were made on the lawns in locations best suited to produce good effects when viewed from the wards.

About 325 maple trees were transplanted to permanent locations as well as 180 lilac bushes, and other flowering borders. Over 11,000 bedding plants were raised and transplanted to the gardens, while 1,114 potted plants were grown and sent to the wards.

### WINNIPEG JUBILEE

On June 18, 1924, the City of Winnipeg celebrated the Fiftieth Anniversary of its incorporation, and in common with other Civic Departments, these Hospitals were represented in the Pageant of Progress, which took place on that date. In every line of service and endeavor remarkable changes had occurred in the last fifty years, but in none of them more so than in the care and treatment of communicable diseases and the enlightened public sentiment towards them. It is not so many years ago that nurses were imprisoned with the patients in communicable diseases hospitals and were not allowed to mingle with other people. With the technique taught and carried out at these Hospitals we have not been kept isolated with the patients in any way, though other hospitals still carry out this procedure.

In the Pageant of Progress, the change in public attitude towards contagious diseases was brought out by a portrayal of "Ye Olde Pest House" with its imaginary line of defence against germs getting out or people getting in. Contrasted with the splendid isolation of this Pest House and the theory of air infection prevalent at the time, was a reproduction in miniature of these modern institutions situated in beautiful grounds within the limits of the City and to which, due to the technique of contact infection, people no longer come or go in fear and trepidation.

### HOSPITAL CONVENTION

On Wednesday, September 3, the Manitoba Hospital Association Convention held its sessions in the Nurses' Home. The program included a Round Table Conference on a variety of hospital problems, presided over by Dr. M. T. MacEachern of the American College of Surgeons, and ex-President of the American Hospital Association.

### RECREATION

Through the courtesy and kindly co-operation of the Parks Board, a considerable quantity of lawn bowling and golfing equipment was sent to these Hospitals.

### RELIGIOUS SERVICES

It is hoped that before our next annual report we will be able to announce a series of inter-denominational Sunday services arranged at the

request of the patients and with the kindly co-operation of those ministers whose churches are located in this district.

### SMALLPOX

We have had one or two flurries of Smallpox, but the type is mild generally, with one severe case. "Successful vaccination is an absolute preventative," said Dr. Alexander, "and it is hard to understand why the public is so lax." Severe epidemics, with a large number of deaths, have recently occurred in the United States.

### X-RAY

The work of the X-ray Department, under Miss Margaret Connolly, is excellent.

### HOSPITAL STANDARDIZATION

It is pleasant to report that in the scheme of Hospital standardization, promoted and conducted by the American College of Surgeons, these Hospitals were in the first group of special hospitals to be approved by that body.

### ENTERTAINMENT AND GIFTS

In August an outing was planned for the King Edward Hospital patients, in the form of a picnic and a sail up the nearby Red River. A gasoline launch, capable of seating approximately thirty people was hired and the patients thoroughly enjoyed the two-hour trip.

Through the courtesy of Mr. Stewart, of the T. Eaton Company, a most generous supply of toys was provided for the children in Hospital.

Eight radio head sets were donated by the "Toc H" Club for the patients. St. Alban's Anglican church choir continued to provide Christmas music throughout the wards on Christmas morning, and many other people brought much joy to the patients by their continued efforts on their behalf.

### NURSING SERVICE

One of the most noticeable and important features in connection with each year's nursing service is the steady and continued increase in the number of student nurses being sent for infectious training. Fifteen schools send their students for this training.

One feature which has given us the greatest satisfaction during the last year is the smaller number of cross-infections. The primary reason for this is possibly the fact that we have never been overcrowded, but Dr. Alexander personally felt that the work of the medical and nursing staff in the carrying out of the aseptic technique is a very large factor in our success. Dr. Alexander said that he was sure that Miss Robertson and Miss Grant must feel great gratification since,

with the large number of pupil nurses and continual changes in staff, it is very difficult to instil the "aseptic conscience" without which one becomes a menace in a contagious disease hospital. They must feel, however, that every year they are teaching the doctrine to a large number of nurses who will continue to practice same when they have graduated.

## 1925

This year there were no abnormal demands upon these Institutions through epidemics, indicating the good health of the City.

### PATIENT-DAYS

1,892 patients received 76,124 days' treatment during the year, the lowest since 1917. The average length of stay was 19 days for Smallpox, 26 for other acute communicable diseases, and 223 for consumptives.

### ORCHARD

A little experimental orchard has been started in the Hospital grounds, including apples, crab-apples, plums, currants and strawberries.

### BEE-KEEPING

A very superior grade of honey is now being produced in Manitoba, and a nucleus of a colony of bees has been kindly promised us by Dr. Frank Smith, consulting radiologist to these Hospitals, and should nothing unforeseen occur, it is likely that future annual reports will have included in its list of "home productions" this item of honey.

### SUN TREATMENTS

Facilities for sun treatment for Tuberculosis patients were provided this year on the roof of the King Edward Hospital where 18 people can be accommodated in separate enclosures for male and female patients.

### RELIGIOUS SERVICES

The Rev. David Flemming, assisted by the choir of Riverview United Church, conducted divine services at the King Edward Hospital on Sunday morning, January 19, 1925, at 9.45 a.m. This was the first of a series of interdenominational services arranged for the patients.

On the following Sunday the services were conducted by Rev. P. Heywood of St. Alban's Anglican Church; on the next Sunday by the Rev. J. C. Williamson of Nassau Street Baptist Church, and on the next Sunday by the Rev. W. H. C. Leech of Rosedale United Church, continuing in this order.

### RADIO-CRYSTAL SETS

An aerial service for every bed in the King Edward Hospital was another improvement effected

this year, but we still need more crystal sets and head phones so that everyone can listen in. We have been greatly assisted in broadcasting an appeal for these by Mr. D. R. P. Coats, manager and official announcer for CKY; the Toc H Club; the Young People's Association of the First Baptist Church, as well as by those Ministers of the Gospel who conduct Sunday services here.

It became necessary at the beginning of the year to curtail the number of training schools affiliated with us. On January 1, 1925, a fixed allowance of \$7.50 per month for student nurses was put into effect. Prior to that time the nurses had been receiving the same allowance as at their parent schools, these allowances ranging from \$6.00 to \$16.00 per month.

112 student nurses and 12 post-graduate nurses completed their affiliation course here during the year.

Arrangements were made to take each group of student nurses throughout the entire plant explaining how each department dovetails into and affects the other.

### INCIDENCE OF DISEASES

Dr. Alexander remarked on the marked decrease of Diphtheria since quite a large proportion of school children have been immunized with toxin-antitoxin following a Schick test.

The mortality rate has been slightly higher in Diphtheria due to the fact that many still are not immunized and those who develop the disease are not given antitoxin at once as the symptoms do not appear serious enough to call a Doctor.

A child was brought in to Hospital very ill with Diphtheria, but too late for antitoxin to save him. Later three other children from the same home were brought in, having had what their parents thought were only sore throats for over a week, and two of them were seriously ill with hearts badly damaged. Had they been reported earlier, Dr. Alexander said, he was certain the fatality could have been prevented and the serious heart conditions avoided, had all of these children had antitoxin immediately at the onset of their symptoms.

However, Public Health authorities are doing much to have more and more children immunized and results can already be seen.

### CHRISTMAS AT OUR HOSPITALS

"Christmas day brought its many special joys for all patients in our Hospitals. In the King George Hospital children were up long before their usual waking hour," said Miss Robertson in her report, "greatly excited over the prospects of a visit from 'Santa' in person. St. Alban's choir sang carols throughout the Hospitals, then Santa appeared, followed by a decorated Christmas tree



drawn on a float and attended by two nurses who assisted in distributing his gifts.

Santa, assisted by the Young People of First Baptist Church, visited all patients at the King Edward Hospital, after which Christmas dinner of turkey and plum pudding was provided for all patients."

Miss Robertson expressed regret on hearing of the illness of Mrs. Wiggins of the "Cabbage Patch," a very devoted friend of the patients for many years.

## 1926

### TREATMENT DAYS

During the year 2,224 patients received 83,534 days treatment. There was a slight increase in the number of patients with Diphtheria, Measles and Whooping Cough and a considerable increase in Erysipelas, Mumps and miscellaneous diseases. The death rate in the acute Communicable Hospital is the lowest on record. The per capita cost has been below \$3.00 for the first time since 1920.

There has been an increasing demand for accommodation for Tuberculosis patients and a portion of the King George Hospital has been utilized for this purpose.

### SMALLPOX

The Smallpox Annex was occupied 228 days of the year though no more than 8 patients were in it at any one time.

### STORAGE FOR X-RAY FILMS

In order to provide fireproof storage for X-ray films, plans are underway to meet this requirement immediately and at the same time have this dovetail into and form part of future expansions for the King Edward Hospital.

At present the six end balconies, one at each end of the three floors, are unheated, and are used only as sleeping quarters for the Tuberculosis patients, and cannot be used permanently except in mid-summer. It is planned to close these balconies in and heat same, making them permanently habitable all year round, and forming the fireproof X-ray area to constitute a foundation for the tier of balconies on the south end. At a later date the east and west balconies can be closed in too, but at present this gives an additional 36 beds for accommodation.

### NURSING

Arrangements have been made whereby the Winnipeg General Hospital hopes to be able, in the future, to send every one of its students for affiliation at these Hospitals.

Fourteen training schools for nurses in Manitoba, Saskatchewan and Ontario send their students here for affiliation.

Since the recent installation of time sand-glasses into our wards we are now able to carry out accurately the two-minute scrubbing of hands and arms required between units. This has added much to the efficiency of our technique.

Miss Robertson also advocated the need of foot levers for our hoppers and sterilizers.

### GROUND

Gardening operations had somewhat of a setback from a violent hailstorm which cut a diagonal swath across the City one day in July.

Better arrangements for snow removal in the winter are needed since, in our exposed position, a blizzard can make the roads impassable very quickly, these blizzards having a habit of coming in the middle of the night or on week-ends, when men, teams and snow-plows are not readily available.

### LAUNDRY

Over two million pieces have passed through the laundry this year.

Many experiments in fumigation have been made by Mr. Kane, in the laundry department, with frequent laboratory tests done by Miss Moreton.

### ENTERTAINMENT

The Young Peoples Club of First Baptist Church have chosen the King Edward Hospital as their project and we doubt if any hospital anywhere has been so adequately and faithfully served as it has by this Club.

### POLICE ESCORT FOR AMBULANCE EMERGENCIES

Appreciation has been extended to the Police Department for voluntary assistance from time to time in clearing traffic for our ambulance when patients with severe Laryngeal Diphtheria are brought to Hospital. These are very real emergencies and our deepest appreciation is extended to the Police Department.

### CO-OPERATION WITH OTHER DEPARTMENTS

The Hospital Commission recorded the excellent harmony existing between our Hospitals and the other City departments. The Engineering Department have assisted in keeping the roads clear in the winter months; the City Electricians' Department has kept our fire alarm system in order, and the City Shops have promptly attended to repairs. Special tribute was paid to the Health Department and to Mr. Watt, Chief Infectious

Disease Inspector of that department, with whom we have had very close contact.

## DISEASE CONTROL

Dr. A. B. Alexander said that the progress in control of Diphtheria has been marvellous, and, since the use of Toxin-Antitoxin or Toxoid, the incidence of the disease has been greatly lessened. He said that he hoped to see the day when a case of Diphtheria would be a rare sight, that this was not an idle dream but could be an established fact.

This year has seen only flurries of Scarlet Fever, but no epidemics, and again the results of the great advance in treatment of this disease by Scarlet Fever Antitoxin can be readily seen.

During the year Dr. Alexander attended the International Tuberculosis Congress held in Washington, D.C.

## 1927

### AVERAGE OCCUPANCY

The King Edward Hospital had an average of 99% occupancy throughout the year, while the Smallpox Annex was open 334 days of the year with an average of 9 patients during that time. The King George Hospital had an average of 127 communicable diseases.

### PER CAPITA COST

The cost per capita at these Hospitals was \$2.90. A survey done by the American Hospital Association showed that, out of 204 Hospitals reporting, 191 had a higher per capita cost than ours.

### HOSPITAL AID ACT

It is hoped that before long, mutually satisfactory arrangements will have been made between the Provincial Government and the City whereby these Hospitals will participate under the above Act to the full extent of its provisions.

### NURSING

Many compliments have been received from affiliating schools about the excellent work of Miss Grant, Instructress, who is in charge of that branch of the work under Miss E. Robertson, Superintendent of Nurses. There is also on file a standing request from one of the large hospitals in the United States for nurses who have had their affiliation at these Hospitals.

### ENTERTAINMENT

Through the continuous generosity of Mr. A. Macdonald, the patients in the King Edward Hospital were again taken on a motor launch trip up the river, then entertained at supper out in the grounds.

Many times during the summer months the patients on the infectious wards are taken out to

designated areas in the Hospital grounds and given a picnic supper by the Hospital staff.

More work and entertainment than ever has been carried on by interested citizens and groups for the patients in these Hospitals. Only a few can be recorded here, namely the Young People's Club of the First Baptist Church, the Ladies' Aid of Augustine Church, Mr. Stanley Osborne and assisting artists, the Tribune Stocking Fund, Mrs. Margaret Scott, the Great War Veterans' Association, the Salvation Army, the Hospital Aid Society of Home Street United Church, and many others. All were deeply appreciated, and showed the growing public interest in our Hospitals.

## 1928

### TREATMENT DAYS

2,318 patients were treated at these Hospitals for a total of 92,220 days, the highest since 1921.

### PERCENTAGE OF CASES HOSPITALIZED

82% of all cases of Scarlet Fever arising in Winnipeg were hospitalized, as well as 95% of all cases of Diphtheria and 100% of Smallpox. The Smallpox Annex was open 64 days during the year.

### HOSPITAL AID ACT

On March 17, 1928, His Honor, the Lieutenant-Governor in Council, by Order No. 284/28 brought these Hospitals within the scope and benefits of the Hospital Aid Act, effective from May 1, 1928.

### INFANTILE PARALYSIS

The most outstanding and unusual work of the Hospitals during the year was the epidemic of Infantile Paralysis, which prevailed during the months of July, August and September. The staff was assisted by the Research Council of the Manitoba Medical Association in gathering and tabulating data of these cases, and in supplying the serum necessary for treatment.

This research work was done by Dr. W. Boyd, Dr. Lennox Bell and Mr. Ward Turvey, while Dr. F. T. Cadham, Provincial Bacteriologist, prepared the serums.

The first patient was admitted in July, but the disease did not become epidemic until September. In all, 168 cases were treated, of which 144 were Poliomyelitis, with five deaths, and 24 were Polio-Encephalitis with four deaths.

### OTHER CONTAGIOUS DISEASES

During the year 470 patients with Diphtheria and 606 with Scarlet Fever were treated here, as well as 233 with Measles.

### DR. A. B. ALEXANDER

During the year Dr. Alexander visited the Old Land and observed how the campaign against Diphtheria was carried on there. Every opportunity to study their methods was made available to Dr. Alexander.

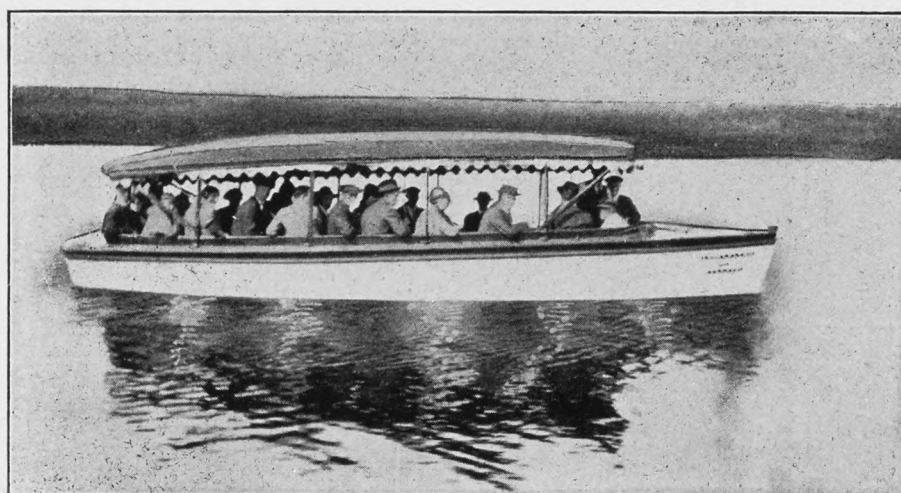




MISS E. ROBERTSON, MISS C. GRANT, STAFF AND STUDENT NURSES — 1928



BAND CONCERT FOR PATIENTS — 1929



LAUNCH TRIP ON THE RIVER FOR THE PATIENTS

## HORSES

It is recorded that we had some misfortune this year with horses. "Charley," after 14 years of faithful service, died on June 29 and was replaced by "Dunc" who also died, and finally by "Dolly" who came to us from the Fire Department. "Dolly" settled down remarkably considering her previous hectic life.

## 1929

### FREE ANTITOXIN

The Department of Health and Public Welfare has announced that, commencing January 1, 1930, we will be supplied at the expense of the Provincial Government, with all of our requirements in Diphtheria Antitoxin and other Serums.

### TUBERCULOSIS ACCOMMODATION

It has been announced that plans are under way for the St. Boniface Hospital to build a 200-bed Tuberculosis Sanatorium, construction to commence in the spring of 1930.

### CONVENTIONS ATTENDED

Miss Robertson was to have attended the International Congress of Nurses held in Montreal, but unforeseen circumstances prevented her, and Miss Connolly attended.

Dr. Dougald McIntyre attended the Interstate Medical Assembly at Detroit in October.

### FIRE PREVENTION

Tubular fire escapes are to be built on the King George Hospital.

### EPIDEMICS

There were no epidemics nor untoward demands

for accommodation during the year; rather it has been a period of marked healthfulness.

## 1930

### BRITISH MEDICAL ASSOCIATION

The most outstanding event of the year in the professional and civic life of our City was the convention held in Winnipeg, August 26-29, 1930, at which some 3,032 delegates were present from Overseas, the United States and Canada, and many distinguished visitors were at these Institutions during the convention.

### BEQUESTS

The first definite bequest made to these Institutions came from the Estate of the late Martin T. McKittrick. Mr. McKittrick distributed his wealth regardless of creed, and had made a gift of McKittrick Park to the City a short time before his death. He was tremendously proud of Winnipeg's parks and schools and hospitals, and demonstrated this in a very tangible way.

## 1931

### GARDEN PRODUCE

At the request of the Winnipeg Free Press, Mr. J. Calmes, our gardener, had an exhibit of the produce of the gardens featured in both the Free Press windows and in the daily issues of the paper. Over 100,000 pounds of vegetables were grown here, and 120 gallons of pickles, 65 gallons of rhubarb and 85 quarts of catsup were preserved by the Dietary Department.

### BUS SERVICE

On October 19, 1931, the Winnipeg Electric



TUBULAR FIRE ESCAPES



## Christmas at Our Hospitals

### *The Christmas Message*

And there were in the same country shepherds abiding in the field keeping watch over their flock by night.

And lo, the angel of the Lord came upon them, and the glory of the Lord shone round about them: and they were sore afraid.

And the angel said unto them, "Fear not: for behold I bring you good tidings of great joy, which shall be to all people.

"For unto you is born this day in the city of David, a Saviour which is Christ the Lord.

"And this shall be a sign unto you: ye shall find the babe wrapped in swaddling clothes, lying in a manger."

And suddenly there was with the angel a multitude of the heavenly host, praising God and saying,

"Glory to God in the highest, and on earth peace, good will toward men."

—St. Luke II, 8-14.



St. Alban's Choir, with Canon F. Hughes and "Santa"



A child—Christmas morning.



CHRISTMAS MORNING (1939) AT THE KING EDWARD HOSPITAL

Miss F. Hemming, Supervisor; Miss Elsie Robertson, Superintendent of Nurses; Dr. D. McIntyre, Medical Superintendent; His Worship Mayor J. Queen; Mr. Hurlburt as Santa; His Honor The Lieutenant-Governor Mr. R. F. McWilliams and Mrs. McWilliams; Mr. Peter Cornes and members of the Augustine Business Women's Club.

Company extended its Morley Avenue bus line to Ashland Avenue.

### STAFF CHANGES—NURSING

Staff changes during the year 1931 numbered two—a far cry from changes in the years to come.

### LEAVE OF ABSENCES

Because of the slack periods on our wards, 682 days were granted to any staff requesting same, as leave of absence to avoid the necessity of staff reductions.

## 1932

### DEPRESSION YEARS

One of the strange anomalies of the prevailing depression is the fact that hospitals have never been so slack. While this is true of almost all forms of disease, it is particularly true of communicable diseases. According to the Bulletin of the American Hospital Association the incidence of communicable diseases has decreased 50% in America during the past two years.

### PUBLICITY AND APPRECIATION

It has not been the practice of the Commission or the management to seek publicity for these Hospitals. A satisfied patient is the best advertisement that a hospital can have, and letters of appreciation received are sufficient reward.

### AFFILIATION PROGRAM

Eighteen schools of nursing now affiliate at these Hospitals, including Grace Hospital, Winnipeg, which has just begun an affiliation program. 1,752 student nurses have to date affiliated at the Winnipeg Municipal Hospitals.

### KING EDWARD HOSPITAL CLOSED TEMPORARILY

With so few patients in the communicable wards, it was decided to transfer all of the Tuberculosis patients from the King Edward to the King George Hospital on September 15 and temporarily close the former with the exception of the X-ray department.

### IMMUNIZATION RESULTS

The tremendous work during the past 20 years, of prevention of communicable diseases, is now bearing fruit, particularly in Diphtheria incidence. It is only 40 years (1890) since Antitoxin was first discovered and it is only really 20 years since it became universally used. In pre-Antitoxin days the death rate at times reached as high as 40 to 50%. Today it is 2 to 3%.

### TUBERCULOSIS CONTROL

The diagnosis and segregation of patients with active Tuberculosis, the examination of all contacts and the travelling clinics throughout the province have done much to control this disease.

### SURPLUS STAFF

Rather than deplete our nursing staff ranks, and with interest in the welfare of each other, all members of our staff worked shorter periods and had time off without pay at frequent intervals during the year. In this way all were kept employed at a time when employment was most difficult to find. During the year we had two resignations from our nursing staff—two registered nurses who resigned to be married.

## 1933

### LOW CENSUS

Not since 1914-1915 have we had so few patients as during this year.

### TELEPHONE SERVICE

As an economy measure to reduce the number of trunk lines on our switchboard, bells were placed on all wards in the one wing of the King George Hospital, with a telephone between two wards.

### BEQUESTS

A bequest of \$2,500.00 was recently received from the estate of the late Mr. George Velie of Winnipeg. Mr. Velie had been intensely interested in these and other public institutions of this City.

### DEPRESSION

The world has been passing through a prolonged period of economic depression which has made necessary the practice of rigid economies affecting hospitals no less than other institutions.

### STAFF CHANGES

There were no resignations in our registered nurses staff during the year, and only two resignations from our attendants' staff.

### UNEMPLOYMENT AMONG NURSES

During the early part of the year the Manitoba Association of Registered Nurses launched a scheme for the interchange of nurses between the large and small hospitals of Manitoba, the purpose of which was to relieve unemployment among graduate nurses. A nominal salary of \$10.00 a month plus transportation expenses was paid by the Association to those participating in the scheme, it being understood that the hospital to which the nurse was allotted would provide board, maintenance and laundry. We regret that, owing



to the very low census of patients here we were unable to take part in this scheme as all openings had, of necessity, to be reserved for students coming to take their arranged courses. However, we heartily endorsed the scheme and regret that we could not extend our services to this worthy cause.

## 1934

### KING EDWARD RE-OPENED

After having been closed for over a year, the King Edward Hospital was re-opened due to an increase in the incidence of Diphtheria and Scarlet Fever.

### NURSES' RESIDENCE

During the year the fourth floor was redecorated.

### ADDRESS BY DR. TAYLOR

Dr. Ellen F. Taylor, resident physician, gave an instructive and interesting address to the members of the Caledonian Women's Club on May 15, her subject being "Preventive Medicine."

### RELIGIOUS SERVICES

With the re-opening of the King Edward Hospital we were pleased to continue church services each Sunday for the patients. Those participating are:

Rev. McLean, Riverview United  
Rev. Parsons, Rosedale United  
Dr. Ross, Trinity Baptist  
Rev. Hughes, St. Alban's Anglican Church.

## 1935

### PATIENT CENSUS

During the past year Winnipeg remained wonderfully free of infection, so much so that the number of days treatment rendered patients in these Hospitals was the lowest in 20 years.

### CHEST SURGERY FOR TUBERCULOSIS

New services have been installed in our Operating Room for chest surgery, or Thoracoplasty surgery, in the newer treatment of Tuberculosis.

### "IRON LUNG" INSTALLED

Equipment has also been installed for the treatment of respiratory paralysis which occurs in certain diseases, particularly Infantile Paralysis. This apparatus is commonly known as the "Iron lung," and there are only three in Canada. Its record of achievement reads more like fiction than fact as it can be used for a patient whose respiratory muscles are temporarily paralyzed by disease or accident.

### WAGE RESTORATIONS

During the depression years 20% reductions in wages had been necessary, and in 1935, 3 1/3% restoration of wages was given.

### SILVER JUBILEE

To commemorate the 25th anniversary of the accession of His Late Majesty, King George V to the throne, an entertainment was planned for the patients on May 6.

### PATIENTS' DRAMATIC CLUB

Recently an organization was formed at the King Edward Hospital whereby the patients entertained patients in a number of dramatic efforts.

### TUBERCULOSIS DEPARTMENT

During the year 292 minor operations were performed, 978 Pneumo-Thorax treatments done, 158 patients were given dental care, 10 lung aspirations were done, 838 examinations were done, 673 persons attended outdoor clinics, 1,368 X-ray films were made, and 4,097 ultra-violet ray and radiant heat treatments were given at the King Edward Hospital.

## 1936

### INCIDENCE OF DISEASE

Besides having more patients in hospital during the year, a great deal of progress has been made in keeping all services up-to-date professionally and in all other respects. The diseases chiefly responsible for our increased census are Infantile Paralysis, Scarlet Fever and Measles.

Although for many years our Hospitals seemed to be little known, generally, to the public, much more public attention has been directed toward the treatment of Infantile Paralysis and particularly to the "iron lungs."

### RESPIRATORS

Since it has been necessary to use our present respirators, or "iron lungs" almost constantly, over prolonged periods, it has been strongly advocated that more of them be made available.

While the inauguration of this type of service has been more or less spectacular in attracting public interest, our other departments have also been progressing steadily.

Dr. J. L. Downey was appointed Medical Assistant, in charge of the Tuberculosis Department in order to more thoroughly serve the Tuberculosis patients, check up all suspects, and carefully and systematically follow through all surgical and other treatments of these patients.

We have recently inaugurated a Respiratory Endoscopy service for removing not only foreign bodies, but other obstructing secretions of the respiratory tract.

### REGISTRATION OF TUBERCULOSIS

On January 1, 1937, a Dominion-wide registration system covering the movement, care and treatment of all patients with Tuberculosis, was begun.

### NURSING

Fourteen schools of nursing now send their students to affiliate at these Hospitals.

During September and October a number of lectures and clinics on Infantile Paralysis were given for the benefit of nurses on the staffs of the Provincial Department of Health and the Winnipeg Public School Board.

### EIGHT-HOUR DUTY FOR PRIVATE DUTY NURSES

A notable change concerning private duty nurses in hospitals, adopted by the Manitoba Association of Registered Nurses, became effective December 15, 1936. From that date those nurses went on eight-hour duty for which they receive \$4.00 and from which they themselves pay the Hospitals direct for their meals. It is hoped that the eight-hour duty will materially lessen unemployment among the members of the nursing profession.

### ELECTRIC REFRIGERATION

After 23 years' service the old ammonia refrigerating plant and connecting brine lines were dismantled early in the year and replaced by a complete system of electric refrigeration. The first unit of the new system was put in operation July 22.

### GARDENS

The big bulk of the vegetable requirements of the Institution comes from the Hospital grounds and the remainder of the 25 acres is laid out and maintained as a park, with lawns, trees, shrubs and flowers.

A cavalcade of 50 cars visited the Hospital grounds on August 26 when the Public Parks Board made its annual tour of inspection.

### HOURS OF DUTY

The hours of duty of domestic staff members and orderlies were reduced and the process of bringing the nurses' time down to a better level also commenced. These new work schedules will be completed as soon as it can be done without disruption of service.

### INCIDENCE OF DISEASE

This year showed a marked increase in Scarlet Fever and Measles. After an eight-year absence

Infantile Paralysis again assumed epidemic proportions, spreading rapidly throughout the province and reaching Winnipeg by mid-August.

It was strongly advocated that we have more respirators, as the one we have has been in constant use by one patient.

Special mention has been made of the splendid work done by the Provincial Department of Health which is administered by Dr. F. W. Jackson, Deputy Minister of Health. Special reference has also been made regarding the work done by Dr. F. T. Cadham in collecting convalescent serum for the specific treatment of Infantile Paralysis. This has been an important and exacting task and the thanks of the Hospitals has been expressed to these men for their unfailing co-operation.

Convalescent serum in the treatment of Infantile Paralysis has been in use for the past 30 or 40 years, said Dr. Alexander in his report.

### IMPROVEMENTS

During the year a complete stock of crested blue-band dishes was purchased for use in the Hospitals.

## 1937

### PASSING OF DR. A. B. ALEXANDER

After twenty five and one-half years' service as Medical Superintendent of these Institutions, Dr. Alexander retired on May 15, 1937. The staff had already honored its beloved Chief with a presentation and the Commission had planned a gathering of prominent citizens to pay tribute to his worth and work.

However, before this gathering could take place, Dr. Alexander became gravely ill and passed away September 3, 1937.

### DR. DOUGALD McINTYRE APPOINTED MEDICAL SUPERINTENDENT

Upon the retirement of Dr. Alexander on May 15, Dr. Dougald McIntyre was appointed by the Commission to succeed him as Medical Superintendent of these Institutions. From the time of his first appointment on the staff in 1917, Dr. McIntyre has been assistant to Dr. Alexander and has therefore had an abundance of experience in the care and treatment of communicable diseases. This experience, coupled with a pleasing personality and a keen personal interest in the progress and welfare of our Institutions, renders Dr. McIntyre well fitted for the position. Dr. McIntyre assumed his new duties May 16, 1937.

### OTHER APPOINTMENTS

Dr. J. L. Downey, who joined our staff on September 1, 1936, was appointed Assistant Medical Superintendent on July 1, 1937.



Dr. Julius Anderson also joined our Medical staff on August 1, 1937, and the other member of the Medical staff of these Hospitals is Dr. Ellen F. Taylor who has already served the Institutions with distinction for many years.

### **DRINKER RESPIRATOR PRESENTED**

On September 18 a Drinker respirator was presented to these Hospitals by the Kiwanis Club of Winnipeg. The way the individual members of the Club took hold of this matter, once they discovered there was a shortage of respirators during the prevailing epidemic of Infantile Paralysis, was a revelation to us and an inspiration to everyone.

### **SILVER JUBILEE**

On July 11, 1937, these Institutions completed 25 years of service and celebrated their Silver Jubilee. Both newspapers carried elaborately illustrated feature articles paying high tribute to the work of the Hospitals and its officials and to the Department of Health.

### **GROUND**

By a gradual process of betterment, extending over a number of years, the Hospital grounds have been made very beautiful and have become one of the beauty spots of the City. What is perhaps the finest growth of transplanted trees in the entire neighborhood is found here. There are upwards of 1,920 of them compared with the ONE isolated poplar tree which was all that could be found on the whole 25 acres when the first Hospital opened in 1911. In addition to the trees some 1,310 shrubs and 350 yards of caragana hedge have been grown.

### **"DOLLY"**

We must give a separate paragraph to "Dolly," who expired November 27, 1937, at the ripe old age of 31 years. "Dolly" was a handsome black mare who came to us from the Fire Department, and nearly broke our hearts with her escapades during the first few weeks she was here, going off every little while to imaginary fires regardless of whether she was attached to a set of harrows, a wagon or a snowplow, rather than a fire engine.

For some inexplicable reason, however, "Dolly" suddenly settled down in the humdrum routine work of the Hospital and thereafter attended so strictly to duty that one could almost set their watch by the time she would arrive at one building or another. Just what caused this metamorphosis is one of the unsolved problems of the staff.

### **McKITTRICK CLINIC**

On November 22, 1937, the McKittrick Clinic was completed, and has provided added facilities for the examination of Tuberculosis and other respiratory diseases. This clinic was provided from

the proceeds of the estate of the late Martin McKittrick and dedicated to his memory at an later date.

### **ENTERTAINMENT**

Much appreciation is extended to the groups who year after year provide the patients with entertainment and personal visits.

### **SANTA CLAUS**

Special tribute was paid to Mr. Hurlburt who has been famous for his impersonations of Santa Claus, leaving his own family and fireside every Christmas morning to visit our patients as Santa.

### **NEGATIVE TUBERCULIN TESTS**

A new policy has recently been adopted whereby student nurses who have a negative Tuberculin test no longer are allowed to take the training in Tuberculosis nursing.

## **1938**

### **TUBERCULOSIS DEPARTMENT**

There has for some years been a steady trend toward the King Edward Hospital being a hospital not only for advanced Tuberculosis, as it once had been, but for minimal cases as well, and this department is very active in providing every modern means of caring for these patients and restoring many of them to normal health once more.

### **CHANGE IN GRANT FOR POLIO CASES**

The Provincial subsidy for the care of all communicable diseases is 50 cents per day, and for non-infectious cases, 40 cents. In June, however, the Division of Hospitalization of the Department of Health and Public Welfare decreed that insofar as Infantile Paralysis is concerned, the 50 cents rate shall only apply for the first 30 days of hospitalization, and 40 cents thereafter.

### **McKITTRICK CLINIC**

On June 1, 1938, one of the special events of the year was the official dedication and opening of the McKittrick Clinic by Sister Edith Patricia, daughter of the donor, at the King Edward Hospital. This clinic for the examination and diagnosis of Tuberculosis and other respiratory diseases was made possible by the generosity of one who was genuinely interested in the welfare of the sick.

Addresses were made by Alderman Paul Bardal, Acting Mayor, Sister Edith Patricia, and Mr. Peter Cornes, Vice-Chairman of the Hospital Commission.

### **RENOVATION OF THE KING EDWARD**

Repairing and redecorating of this building was done from May 18 to September 18.

## **PNEUMOLYSIS TREATMENT**

The first intra-pleural pneumolysis operation was performed at these Hospitals on April 14, 1938.

## **RADIO SYSTEM**

Under the direction and supervision of our Chief Engineer, a complete radio service has been installed in the King Edward Hospital, with ear-phones at every bedside. A selection of either of the two Winnipeg broadcasting stations can be made, and, with the use of the earphones, other patients are not disturbed.

## **IRON LUNGS AND INFANTILE PARALYSIS**

The prevalence of Infantile Paralysis in the late summer necessitated the borrowing of an extra respirator from Ninette to supplement the two machines possessed by these Hospitals and a third placed at our disposal by the Department of Health.

To further augment this type of equipment, application was made for one of the "iron lungs" being manufactured at his Motor Works in Cowley, England, and given by Lord Nuffield to all public hospitals throughout the British Empire that may have need of them.

It is also a matter for comment that the electric current furnished by the City Hydro-Electric System has never failed since these respirators were put into service in February, 1936, one in continuous operation for six months.

## **SMALLPOX**

The first patient with Smallpox to be seen in Winnipeg in seven years was admitted here from a travelling circus.

## **RETIREMENTS**

Miss Clara Brisby, Supervisor of the Tuberculosis Department, retired on pension on January 15 after 21 years' service, and was succeeded by Miss Frances Hemming. Miss Margaret Dewar also retired on pension after 24 years' service.

## **MALE ATTENDANTS**

For the first time, our Hospitals employed male attendants this year.

## **PICTURE SHOWER**

Under the auspices of Mrs. Fred Furgeson, Mrs. L. Smith and their associates, five dozen pictures were donated to the King Edward Hospital.

## **MARY HUNTER LIBRARY**

Through the boundless energy and tireless industry and interest of Mrs. Mary Hunter and the ladies of Westminster Church, a library of

books has been presented to the domestic staff of these Hospitals.

## **WATERING SYSTEM**

A watering system from the river to the Hospital grounds now consists of 4,640 feet of piping and 65 outlets, making it possible for us to have beautiful green lawns and an abundance of flowers and vegetables.

## **HONORARY STAFF**

It was with regret that we received the resignation of Dr. F. D. McKenty who gave 24 years' service to the patients at these Hospitals on our honorary staff.

## **VISITING GROUPS**

It is with regret that the First Baptist Church Young Peoples group has discontinued its visits to our patients after 20 years of faithfully visiting the King Edward Hospital patients every Sunday.

Its place is being taken by the Business and Professional Club of Augustine United Church.

## **APPRECIATION TO MR. HURLBURT**

Appreciation is extended to Mr. Hurlburt who, each Christmas for many years, has visited all of our patients as Santa Claus. We are grateful always for this sincere interest, particularly in the children.

# **1939**

## **KING EDWARD HOSPITAL EXTENSION**

The most important undertaking of the year was the addition of 48 beds to the King Edward Memorial Hospital. This was done by remodelling the east and west balconies and making them into hospital wards.

## **ROYAL VISIT**

On May 24, 1939, Their Majesties King George VI and Queen Elizabeth visited Winnipeg, and many of the patients were taken to an area where they could see the Royal procession.

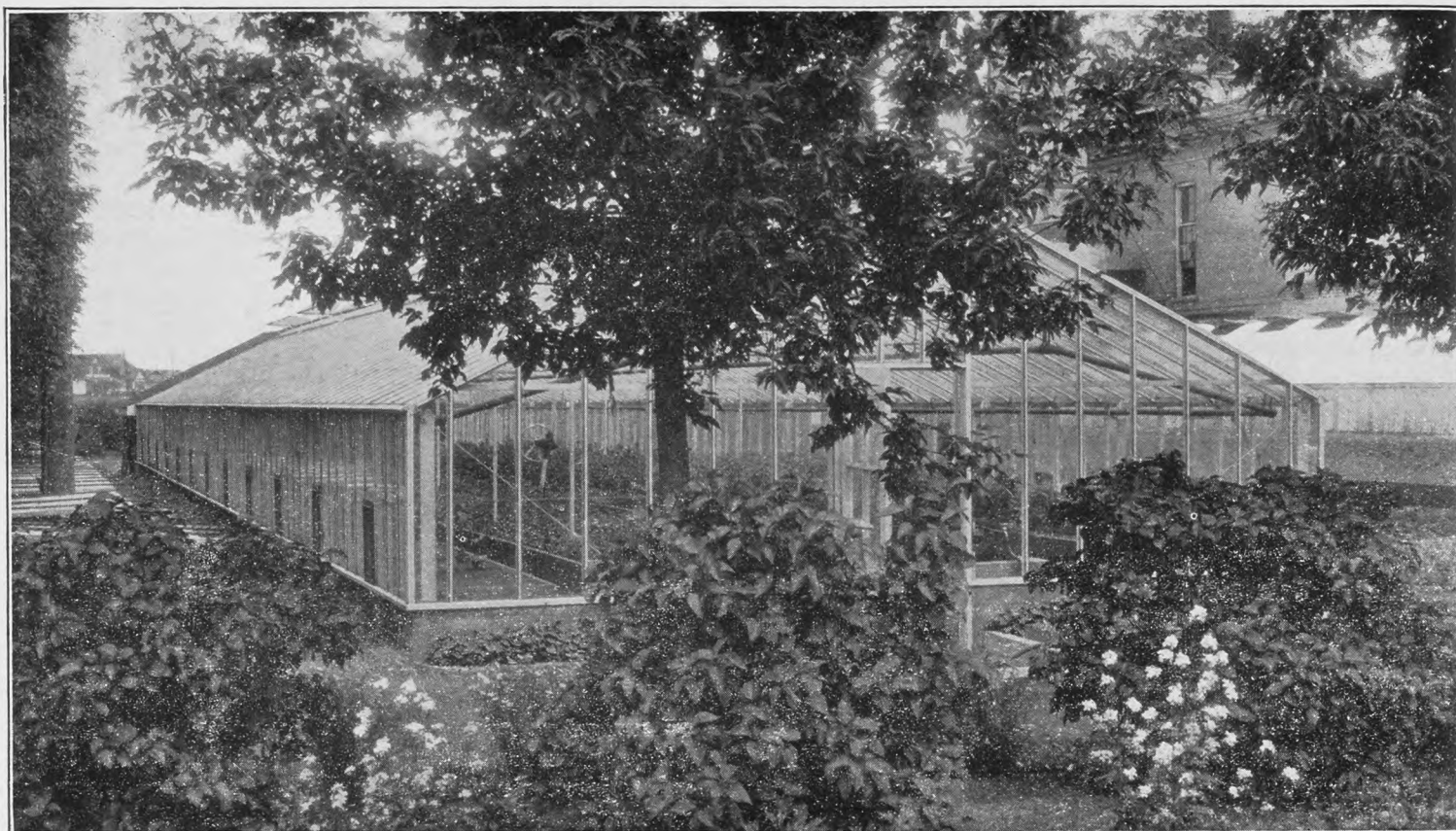
## **GROUP HOSPITALIZATION**

On January 1, 1939, group hospitalization in Greater Winnipeg became effective. By the end of the year 22,179 persons were protected and 1,300 had received benefits.

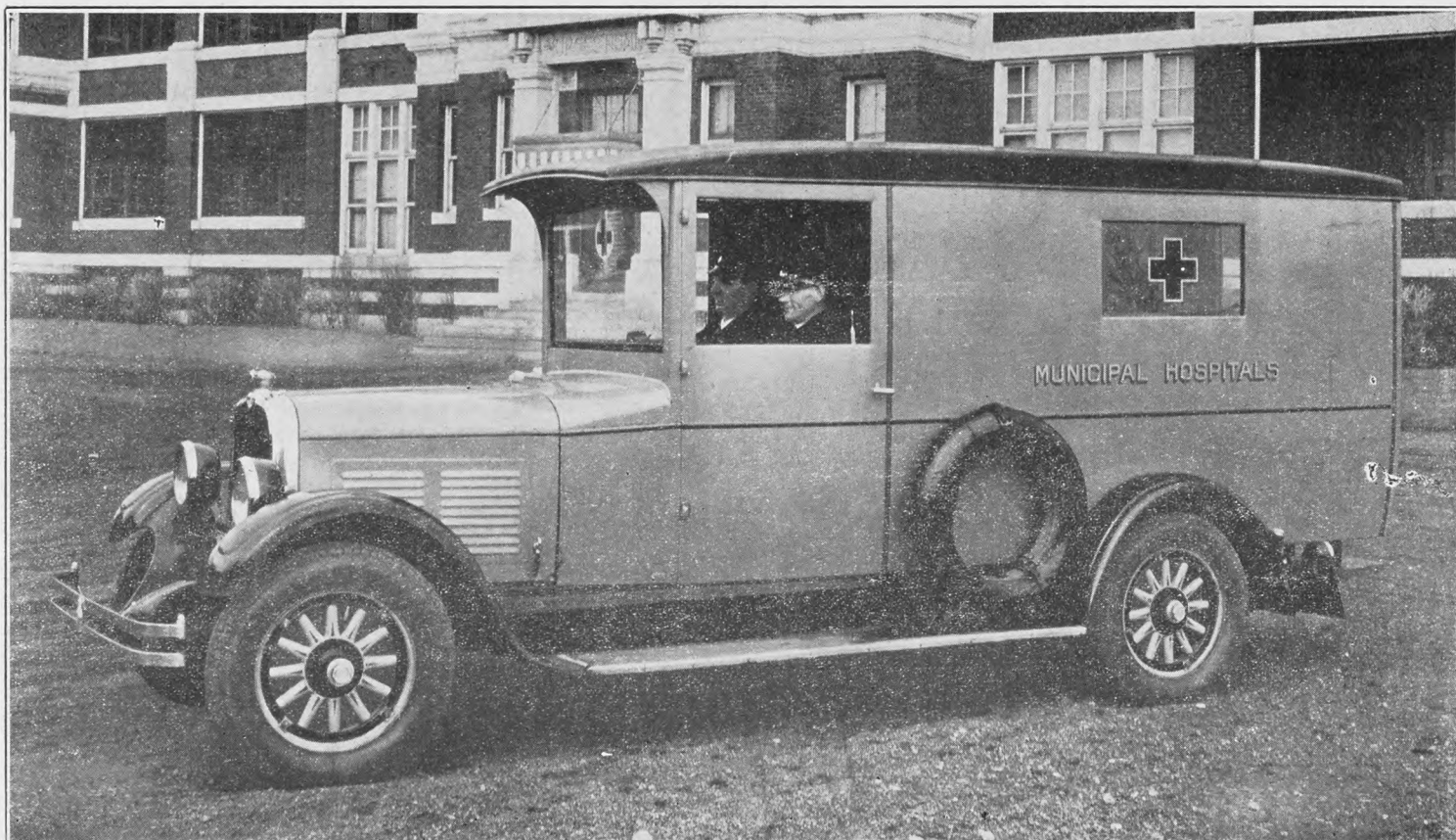
## **GIFT OF DUPLICATING MACHINE**

In common with many other hospitals throughout the British Empire, these Institutions were fortunate in sharing in the distribution of Gestetner power-driven duplicating machines, and received





GREENHOUSE, WINNIPEG MUNICIPAL HOSPITALS



"WOLVERINE" AMBULANCE AND DRIVERS, MR. ARTHUR HARDY AND MR. HAROLD SPARROW

one on March 7, 1939. The idea was conceived and executed by the late Mr. David Gestetner of London, England, president and founder of the company bearing his name, to commemorate the 50th anniversary of the founding of the company.

### **FIRE ALARM SYSTEM**

The Hospitals' fire alarm system was completely overhauled and modernized during the year.

### **DIETARY DEPARTMENT**

All through the years our Dietary Department has been complimented on the excellent meals provided and served to the patients and staff.

### **EIGHT-HOUR DAY**

The adoption of the eight-hour day for all staff and student nurses is now well established.

## **1940**

### **ADMISSIONS**

During the year the number of patients admitted exceeded that of the previous year by 76%, presenting a striking example of how flexible a contagious disease hospital must be in the matter of capacity.

Part of this was due to the influx of Army, Navy and Airforce personnel with various communicable diseases.

### **CHRISTMAS DAY**

On Christmas morning we were honored by a visit from His Honor, the Lieutenant-Governor and Mrs. McWilliams. This is the first time a Lieutenant-Governor has visited these Hospitals in an official capacity.

His Worship Mayor Queen and the Chairman and some members of the Hospital Commission also visited us that day.

### **FAREWELL TO DR. STEPHENS**

Although not connected with these Hospitals, Dr. George Stephens as Superintendent of the Winnipeg General Hospital, has always shown a kindly interest in our welfare. Last summer he was appointed Superintendent of the Royal Victoria Hospital in Montreal and many functions were held in his honor as a high and worthy tribute to this outstanding Doctor.

### **WAR YEARS**

We are in the midst of a war and wars directly influence the lives of citizens and their institutions. Several of our staff have joined the military ranks for service overseas.

### **COMMUNICABLE COURSE SHORTENED**

Because of the low incidence of communicable diseases, our course in communicable diseases has been shortened from two months to six weeks.

### **THE LATE DR. DOUGLAS**

One of the most prominent public health officials on the continent died in Winnipeg June 30, 1940. He was Dr. A. J. Douglas, who had been Medical Health Officer in Winnipeg for 39 years, having retired in 1939. Dr. Douglas had, in the early days of his incumbency as Health Officer, been through the throes of many Typhoid epidemics of considerable magnitude, but, with the application of scientific knowledge and properly directed measures of control, had finally emerged a city from which that disease had long since been almost completely eradicated.

## **1941**

### **INFANTILE PARALYSIS AND SLEEPING SICKNESS**

This year was characterized by the occurrence of two local epidemics which created a professional interest of international scope.

Both Infantile Paralysis and Sleeping Sickness became prevalent and public health officials as well as scientific research specialists from the United States, Australia and Canada were here to consult with members of the Faculty of Medicine of the University of Manitoba, the Provincial Department of Public Health, the City Health Department and our own staff in respect to the origin, type and modern treatment of these diseases.

A total of 735 patients of actual and suspect cases passed through these Institutions.

### **SHORTAGE OF NURSES**

Due to the many nurses who have gone overseas with the military forces, the epidemic of Infantile Paralysis and Sleeping Sickness, and a call for Canadian Nurses for military duty in South Africa, there was a very grave shortage of nurses at these Hospitals. Fortunately, many of our former staff, now married, came to help us when they realized the need of their services.

### **EDUCATION FOR TUBERCULOSIS PATIENTS**

Miss Celia Mitchell, a teacher at Riverview School, voluntarily offered to teach school subjects to patients in the King Edward Hospital, and her offer was promptly and gladly accepted.

### **DUAL ADMINISTRATION**

It was recorded that the Governing Board of the City's largest hospital, the Winnipeg General Hospital, adopted the system of separating the



professional from the business management of the Hospital last January. This has been of particular interest at these Hospitals since it has been in operation here since 1918.

### **CIVIC PENSION FUND**

Several Hospital employees are already participating in the benefits of the Civic Pension Fund which was established in 1920. Winnipeg is 50 years ahead of the times in this respect, as stated in the annual report, and is to be commended for already doing what, at the expiration of that time, will very likely have become a universal practice.

### **SISTER ELIZABETH KENNY**

During the recent epidemic, Sister Elizabeth Kenny of Australia visited at these Hospitals and demonstrated her treatment of those suffering from Poliomyelitis. It was of very real interest to us to meet Sister Kenny.

### **AFFILIATION COURSE, 8 WEEKS**

The 8-week affiliation course for student nurses has been resumed, and students from 14 schools of nursing have received their affiliation.

## **1942**

### **FREE TREATMENT OF TUBERCULOSIS**

Effective November 1, 1942, a policy of free treatment for City residents suffering from Tuberculosis became a milestone in the City's public health program, one which had for many years been suggested by our Hospital Commission.

### **ELECTION OF HIS WORSHIP MAYOR COULTER**

The election of His Worship, Mayor Coulter, was an event unique in the history of the Hospital Commission and marks the first instance in which a member of the Hospital Commission has been elected to the office of Mayor of the City of Winnipeg.

### **RETIREMENT OF MR. GEORGE STOKER**

Because of ill health, Mr. Stoker, Secretary and Manager of these Hospitals, retired on disability pension on July 15, 1942. Mr. Stoker entered the service of the City on July 16, 1906, and on July 4, 1911, became Secretary of the newly formed Hospital Commission. Mr. Stoker's reputation as a hospital manager of outstanding ability and integrity extended far beyond the Municipal Hospitals.

### **APPOINTMENT OF MR. DONALD M. COX**

Following the retirement of Mr. Stoker, Mr.

Donald M. Cox was appointed by the Commission as Secretary and Manager, having been on the staff since April, 1932.

### **REHABILITATION OF TUBERCULOSIS PATIENTS**

A campaign to assist in the rehabilitation of persons recovering from Tuberculosis has been instituted by the Sanatorium Board of Manitoba. Subject to the approval of the Medical Superintendent, patients are encouraged to enroll for courses of study to fit them for future employment.

### **RATIONING AND PRIORITIES**

Under rationing regulations due to the war, hospitals are required to secure and hold all ration books of patients and resident staff.

Priority regulations now cover practically all items required for repairs or maintenance of a hospital so that many necessary articles are obtainable under these regulations.

### **RETIREMENT**

After 20 years of unbroken service, Miss Sarah Belsham retired from our nursing staff in September, 1942. Before leaving, Miss Belsham was the guest of honor on several occasions and on the eve of her departure, the entire staff met to express their appreciation of her long and faithful service.

## **1943**

During the year, in addition to an unusually large volume of patients, it was necessary to contend with a serious shortage of trained hospital personnel and a scarcity of vital materials and supplies due to the war. Much appreciation was extended by the Commission to the staff of permanent employees whose unfailing loyalty made it possible to accomplish so much despite the many difficulties encountered.

### **BEQUESTS**

On April 28 the Commission received a bequest of \$1,000.00 from the estate of the late Ex-Alderman A. R. Leonard, a former chairman of the Hospital Commission.

Plans are under way to provide a battery of Operating Room sterilizers to commemorate the donor.

### **DIETARY DEPARTMENT**

Despite the shortage of some items and the rationing of supplies during the war, the Dietary Department continued to provide an ample supply of nutritious and appetizing food for patients and staff.

More than 2,100 quarts of fruit and 300 gallons of pickles, the latter from our own gardens, were preserved for winter use.

### HOSPITAL VISITING DAY

With a view of better acquainting the citizens of Winnipeg with their Municipal Hospitals, it was decided to invite the public to inspect the Hospital grounds and enjoy a band concert on August 8.

The visitors were each presented with an illustrated folder giving an outline of the Municipal Hospitals, and were welcomed by His Worship Mayor Coulter and the Chairman of the Hospital Commission, Mr. A. J. Roberts.

### RETIREMENT OF MISS GRANT

Miss Christina M. Grant, Instructress and Assistant Superintendent of Nurses, retired on pension on September 30 after 24 years' service. Miss Grant had the distinction of having instructed more than 3,000 student nurses, in the care and treatment of communicable diseases. Miss Grant had been on our staff since 1919. Before leaving the service, Miss Grant was honored by the staff on several occasions, when they extended their best wishes for happiness during the leisure she so justly deserved.

### RETIREMENT—MR. JOHN PANCHYSHAK

On September 30 Mr. John Panchyshak retired on pension after serving for 25 years. The Hospital Commission and the staff recorded their appreciation of his loyal and efficient service.

### APPOINTMENT—MISS MARY SHEPHERD

Miss Mary Shepherd, a 1928 graduate of the Winnipeg General Hospital School of Nursing, and a member of the staff of these Hospitals since her graduation, succeeded Miss Grant as Instructress and Assistant Superintendent of Nurses, having filled every post in the nursing department.

### SPECIAL NURSING CARE

For many years we have continued to give special nursing care to very ill patients in these Hospitals. Ninety days of this care were given during the year.

## 1944

### FREE TREATMENT OF COMMUNICABLE DISEASES

The adoption by the City Council of a policy of free treatment for City residents suffering from, or suspected to be suffering from, acute communicable diseases, was another very essential step in the City's public health programme. The members of our Hospital Commission had long advocated such a measure.

### ENGINEERING AND MAINTENANCE

This department continued its record of good service throughout the year in the many essential services carried out despite difficulties obtaining materials due to shortages during the war period.

### DIETARY DEPARTMENT

Besides the usual nutritious, excellent meals provided, there was a very welcome addition to the winter menus in the use of quick-frozen vegetables, which were stored from our gardens. In addition, 1,096 quarts of vegetables, pickles and tomato juice were preserved.

### HOSPITAL VISITING DAY

Following the success of our Hospital visiting day last year, another was planned to take place July 9, 1944, since many citizens of Winnipeg still have never visited our Hospitals.

### RETIREMENTS

Three of our employees retired after many years service: Miss Margaret Connolly (30 years service), Mrs. Annie Smiley (24 years) and Mr. John Muter (disability, after 18 years service). Tribute was paid to these employees for long and faithful service.

### APPRECIATION TO VISITING GROUPS

Much appreciation was extended to the many gracious and kind-hearted citizens who do so much to provide cheer and comfort for patients in these Hospitals.

### ARMED FORCES

During the year we have cared for many members in these Hospitals, and during our busiest period each branch of the armed services provided a number of nurses proportionate to the patients from each service, for which the Hospital and Commission extended their profound thanks.

### PULMONARY SURGERY

When the King Edward Hospital was built in 1912 for the treatment of "advanced consumptives," surgery was considered to be out of the question. However, times have changed and surgery now plays a very important part in the treatment of this disease.

## 1945

### CARE OF THE AGED

The members of the Hospital Commission, in co-operation with the Health Committee, began drafting preliminary plans to provide an up-to-date institution to care for elderly bed-ridden and chronically ill patients.



Upon enquiry, it was found that there were relatively few such institutions in existence. However, there are some fine chronic disease hospitals and homes for the aged in New York City and, with a view of obtaining first-hand information, arrangements were made for the Medical Superintendent, Dr. McIntyre, and the Secretary and Manager, Mr. Cox, to visit the New York institutions.

### **INSTITUTES AND REFRESHER COURSES**

In accordance with the policy of keeping its administrative officers fully abreast of latest developments in the hospital field, the Commission arranged for Mr. Donald Cox to attend the thirteenth Chicago Institute of the American College of Hospital Administrators.

As the result of the favorable report brought back by Mr. Cox, the Manitoba Hospital Association is making plans to conduct a similar institute in conjunction with its 1946 annual meeting.

### **PUBLICATIONS**

In 1945 Mr. Cox prepared two articles for publication in the Canadian Hospital, the official journal of the Canadian Hospital Council.

### **END OF WAR**

This year, which is memorable in our history, marks the ending of the Second Great War. While active hostilities have ceased, there remains in its stead the uncertainties and troublous times of post-war years.

### **TUBERCULOSIS DECREASING**

Some publicity has been given to the effect that Tuberculosis will shortly be a thing of the past. It is true that it has shown a steady decrease in incidence.

### **DR. H. M. SPEECHLY**

During the period of time that Dr. J. Downey was doing military service overseas, Dr. H. M. Speechly was Acting Assistant Medical Superintendent at the King Edward Hospital. Dr. Speechly made a fine contribution to our Institutions, both professionally and culturally. He made a practice of broadcasting each week to the patients on some professional or cultural subject which the patients appreciated very much.

### **MANITOBA STUDENT NURSES' ASSOCIATION**

During the autumn, the Manitoba Student Nurses' Association approached us for permission to hold a weiner roast on the banks of the river, near the King Edward Hospital. Miss Stevenson, Assistant Dietitian, very kindly helped with the refreshment arrangements.

### **TUBERCULOSIS UNIT**

During the year 157 patients were admitted with Tuberculosis, and 124 discharged from Hospital; 969 Pneumothorax treatments were done; 1,008 fluoroscopies were done; 1,576 visits were made by patients to the Clinic; 3,207 X-ray plates were read for the City Health Department survey; 1,660 X-rays were taken of indoor and outdoor patients and 1,496 treatments were given of quartz and radiant heat.

## **1946**

### **TRIBUTE TO THE LATE MR. H. C. THOMAS**

The members of the Hospital Commission paid tribute to the splendid service of the late Mr. H. C. Thomas, Chief Engineer, who died suddenly on October 19, 1946. His sound technical training was complemented by wide experience and an absorbing interest in the duties and responsibilities entrusted to him.

### **APPOINTMENT—MR. L. R. BONSEY**

Mr. L. Ray Bonsey, who had served as Assistant Chief Engineer for the past seven years, was appointed to succeed Mr. Thomas.

### **PERPETUAL INVENTORY SYSTEM**

During the year, a perpetual inventory system was installed in the storerooms. This system provides a detailed daily control of foodstuffs and supplies.

### **RETIREMENTS—MISS YOUNG AND MISS ROBERTSON**

Miss Gertrude Young, who filled the position of Cashier and Paymaster for many years, retired on pension on January 31, 1946. Miss Young joined the staff of the Municipal Hospitals in 1913 and served on the nursing staff until 1918 when she transferred to the business office. Miss Elsie Robertson, Superintendent of Nurses, retired on disability pension on April 30, 1946. Miss Robertson joined the staff in 1913. After filling the positions of Floor Nurse, Ward Supervisor and Assistant Superintendent of Nurses, she was appointed Superintendent of Nurses on December 15, 1921. During her 33 years of service, Miss Robertson gave unstintingly of herself in the cause of the Winnipeg Municipal Hospitals, and it is gratifying to know that her health has improved as a result of her well-earned retirement.

### **APPOINTMENT—MR. A. HODGKINSON**

Mr. Arthur Hodgkinson succeeded Miss Young as Cashier and Paymaster in 1946.

### **APPOINTMENT—MISS MARY SHEPHERD**

Miss Mary Shepherd, Assistant Superintendent

of Nurses, succeeded Miss Robertson as Superintendent of Nurses in 1946.

### RETIREMENT

Mr. Herbert Hornby, Shift Engineer, retired on disability pension on April 14, 1946. Mr. Hornby had been a member of the engineering staff since 1914. His term of service embraced the period from the old hand-fired boilers to the present highly efficient stoking equipment.

### LAUNDRY DEPARTMENT

During 1946 a six-roll flatwork ironer was installed and has greatly speeded up the ironing operations at the laundry. Over a million and a half pieces were laundered during 1946.

### POST-GRADUATE STUDY

Miss Mary Shepherd spent ten days as an observer at the Charles V. Chapin Hospital in Providence, Rhode Island, and also visited the Mayo Clinic, St. Mary's Hospital and the Minnesota State Hospital in Rochester. The Charles V. Chapin Hospital was the first hospital on this continent to apply the aseptic technic in communicable disease nursing and our original technic set-up was largely patterned after the procedures in effect there. Dr. Alexander had visited this hospital when our communicable disease unit was set up, and, although our two Hospitals have corresponded periodically throughout the years, no one had visited the Charles V. Chapin Hospital from here until 1946. It was a most interesting experience.

### APPOINTMENTS

Miss Vera Cockburn was appointed Assistant Superintendent of Nurses, replacing Miss Shepherd. Miss Cockburn spent some time in 1946 studying the nursing methods in the care of Tuberculosis at the St. Boniface Sanatorium.

### INSTITUTE FOR ADMINISTRATORS

Mr. Donald Cox attended the fourteenth Institute of the American College of Hospital Administrators in September, and was elected President of the Institute.

### WRITTEN AGREEMENT WITH AFFILIATING SCHOOLS

To facilitate the training of student nurses and to properly record their time here, it has been felt for some time that a written agreement should be made with all affiliating schools of nursing. This was put into effect in 1946.

## 1947

While there was a relatively low incidence of acute communicable diseases in 1947, a serious

epidemic of Poliomyelitis occurred during the late summer. The facilities of the Municipal Hospitals were speedily made available to combat the epidemic and 288 patients were admitted with this disease.

### PHYSIOTHERAPY DEPARTMENT

A temporary Physiotherapy Department was set up to serve these patients, and in view of the favorable results obtained, the department was later established on a permanent basis.

### TUBERCULOSIS

The demand for Tuberculosis beds continued at a high level and the King Edward Hospital was filled to capacity at all times. In addition, one ward at the King George Isolation Hospital was utilized for the treatment of Tuberculosis patients.

### X-RAY DEPARTMENT

One worthwhile project which was accomplished this year was the remodelling of the X-ray suite and the installation of a new X-ray unit.

### RETIREMENT OF DR. DOUGALD McINTYRE

Mr. Peter Cornes, Chairman of the Hospital Commission expressed the sincere and genuine regret at bidding farewell to Dr. Dougald McIntyre, who retired as Medical Superintendent on December 15, 1947. The outstanding contribution of Dr. McIntyre to the citizens of Winnipeg and to the province at large during the 30 years from 1917 to 1947 is already well known to the Council.

Dr. J. Downey was appointed Medical Superintendent on December 16, 1947.

### OTHER RETIREMENTS

Two other long-time employees retired during the year. Mr. James Hunt, Assistant Maintenance Engineer, retired on August 23 after 35 years service. Mr. Benjamin Watson, Shift Engineer, who joined the staff in 1913, retired on December 24 after 34 years service. Both Mr. Hunt and Mr. Watson found it necessary to retire on disability pension as the result of impaired health. Their retirement, after many years of faithful and skilful service, illustrates the foresight of an earlier City Council in making provision for disability pensions.

### ARTICLE PUBLISHED

In the 1947 issue of the annual report of the Municipal Hospitals is an article entitled "Communicable Disease Techniques, and Communicable Disease Care." This was prepared by Miss Mary Shepherd for publication in the national journal, "The Canadian Nurse." Permission was subsequently requested by El Hospital, a Spanish language journal, with wide circulation in Central and South America, to print a translation.



## CONSTRUCTION OF PRINCESS ELIZABETH HOSPITAL BEGINS

By Royal consent, permission was secured to name the new building the "Princess Elizabeth Hospital," and construction got under way on May 27, 1947.

## HOUSEKEEPING DEPARTMENT

The establishment of a Housekeeping Department under a Chief Housekeeper was successfully carried out in 1947. The housekeeping staff had previously been a joint responsibility of the dietary and nursing services. Under the new arrangement the Chief Housekeeper devotes her entire time to training and supervising the housekeeping staff, directing the operation of the linen room, and advising on the purchase of linen and supplies. As a result, the Chief Dietitian was relieved of a heavy personnel load for employees not working in her department, and the Superintendent of Nurses was relieved of the responsibility for supervision of the sewing room and the Nurses' Residence.

## HOT PACKS USED FOR POLIOMYELITIS

There is no specific treatment for Poliomyelitis, but the general use of hot packs has had a beneficial effect on the course of the disease in a number of patients, according to Dr J. Downey, Medical Superintendent.

## CROSS-INFECTION

Cross-infections in the communicable disease unit have been at a minimum.

## SCARLET FEVER ISOLATION REDUCED

An amendment to the Public Health Act has been made, decreasing the isolation period of Scarlet Fever from 28 to 10 days.

## LOW INCIDENCE OF COMPLICATIONS

The continuing low incidence of complications is a reflection on the wider use of antitoxins, chemotherapy and antibiotics.

## THE McKITTRICK CLINIC

In the McKittrick Clinic (or out-patients' department) a total of 2,141 visits were made to the clinic; 2,439 X-rays taken, and 1,308 quartz and ultra-violet treatments were given during the year.

## APPRECIATION

Dr. Downey extended his appreciation and commended every member of the staff of the Winnipeg Municipal Hospitals for their loyalty, industry and co-operation throughout the year. Whatever measure of success and service we obtain depends on these attributes, he said.

## REHABILITATION DIVISION

Much credit is due Mr. S. C. Sparling for his work in this department. It functioned on the same basis as in the past, the program consisting of three parts:

1. Vocational guidance
2. Vocational training
3. Job placement guidance.

Throughout the year seventy patients who had rehabilitation problems were given the benefit of our guidance service with original interviews and follow-up visits.

Forty-nine people availed themselves of the opportunity to better their qualifications by academic or vocational study.

## AFFILIATION PROGRAM

Only seven schools of nursing were affiliated with us during the year, with 179 students completing their courses. Altogether 4,258 students have affiliated in communicable disease nursing at these hospitals to date.

## VISITORS

Miss Margaret Kerr, Editor of the "Canadian Nurse," visited at our Hospitals from Montreal.

## SHORTAGE OF NURSES

The shortage of Registered Nurses persisted throughout the year. Due to the heavy demands made on us from the Poliomyelitis wards, a terrific strain was made upon our nursing department.

When this need became known, immediate offers of assistance came from members of service organizations and from nurses who gave up their week-ends, vacations, days off and retirement to return to help us. Our sincere gratitude was extended to them.

## ENTERTAINMENT

A social evening, sponsored by the Hospital Commission, was held for all staff and volunteer workers as a means of acknowledging the services made by them during the recent epidemic.

The student nurses held a corn roast and dance, and, at the Yuletide season were entertained at a Christmas party.

# 1948

## OCCUPANCY

During the year there was less than normal occupancy in the communicable disease unit, while the pressing demand still continued for Tuberculosis accommodation. As a result, a second ward at the King George Hospital was allocated for the care of patients with Tuberculosis.

## LABORATORY FACILITIES

There is a pressing need for an enlargement of the facilities of the Laboratory to meet present day requirements, so plans are under way to provide these facilities in the Princess Elizabeth Hospital now under construction.

## APPRECIATION TO VISITING GROUPS

In the report of Mr. Peter Cornes, Chairman of the Hospital Commission, appreciation was expressed to the many organizations and citizens who make such a splendid contribution to the spiritual welfare and physical comfort of the patients. These services are extremely important to the patients. A particularly happy situation is that various organizations have continued their good work year after year and are generally regarded as members of the "hospital family."

## PRINCESS ELIZABETH HOSPITAL GUILD

This year we are pleased to welcome to our group of voluntary organizations the newest member, the Princess Elizabeth Hospital Guild.

In January, 1948, Miss Hilda Hesson called a meeting, in the Nurses' Residence, to discuss the need of forming a guild. Mrs. Gordon Konantz outlined the work being done at the Winnipeg General Hospital by the White Cross Guild, and Miss Mary Shepherd, Superintendent of Nurses, spoke on the need of such a group at these Hospitals.

It was unanimously decided to form a Guild, and, at the March meeting the officers were installed, with Mrs. J. W. Ellinthorpe as first President.

It was decided that the Guild would function for the new hospital, but until the Princess Elizabeth Hospital was completed and opened, the Guild members would visit the patients on one ward at the King George Hospital.

Meetings were held throughout the year, the Constitution and Bylaws were set up, and regular visits were made to the patients.

Birthday and Easter cards, as well as a rose-bowl and a rose-bud, the latter donated by the Ormiston Florists, were sent to each patient on Ward E.

In January, 1949, the first annual meeting of the Guild was held.

## THE SPRING FLOOD — 1948

The entire plant of the Hospitals' power house was seriously endangered by the unusually high water prevailing in the Red River Valley during April and May, but fortunately it was possible to protect the buildings and equipment from damage.

The brunt of the work of keeping out the flood waters and maintaining the necessary safeguards had, of necessity, to fall on the Engineering and

Maintenance Department and great credit is due that department for their skill and devotion to duty. At the same time the entire staff of the Hospitals offered their services wherever they could be used, and worked early and late in removing supplies and equipment from places of danger. The City Engineering and Fire Departments in turn gave immediate and expert assistance in controlling the flood waters in or adjacent to the Hospital grounds, and the City Hydro-Electric System erected poles and transformers and had everything in readiness in order to provide emergency power service if the basements became flooded. The Claydon Company Limited loaned a gasoline pump which was put to good use in the Medical Superintendent's residence. In all, more than 2,500 man hours were devoted to flood control.

## THE PRINCESS ELIZABETH HOSPITAL

A considerable amount of time was spent during the year studying the requirements of the new hospital. The equipment of a hospital is an intricate undertaking, and round table conferences were held with key personnel of the various departments, making full use of their skill, experience and advice.

## SURGICAL INFIRMARY FOR TUBERCULOSIS PATIENTS

During the last three months of the year, the entire ground floor of the King George Hospital was designated for Tuberculosis patients. This has now, for the first time, supplied us with a proper surgical infirmary.

## PHYSIOTHERAPY FOR THORACOPLASTY PATIENTS

A more extensive use of the Physiotherapy Department has been made in giving routine exercises to patients, following Thoracoplasty surgery and supervised breathing exercises following treatment for pleurisy with effusion.

## PNEUMOPERITONEUM TREATMENT

This treatment was given to 20 patients, and a careful study and follow-up was made into the value of this form of therapy.

## C.N.A. CONVENTION AT SACKVILLE

Miss Mary Shepherd attended the Canadian Nurses' Association Convention in Sackville, New Brunswick en route from her vacation spent in the Eastern States. The convention was held from June 27 to July 2, and over five hundred nurses attended.

# 1949

## PATIENT-DAYS

In the report of Alderman Frank L. Chester, Chairman of the Hospital Commission, it is noted



that 1949 was a busier year than the previous one, by 7,895 patient-days.

### PRINCESS ELIZABETH HOSPITAL

Much work has been done toward planning the equipment, color schemes and furniture for the Princess Elizabeth Hospital which is under construction.

### TUBERCULOSIS TREATMENT

As Streptomycin became more available, this Antibiotic was used more and more in the treatment of Tuberculosis. Towards the end of the year P.A.S. became available, and gratifying results were found. The trend in other parts of Canada is toward a combination of Streptomycin and P.A.S. in the treatment of this disease.

### CENTRAL SUPPLY ROOM

In the Nursing Department a Central Supply Room has been set up and has resulted in a much more efficient service provided throughout the Hospitals.

### LABORATORY

Miss Ruby Moreton reported a total of 14,316 tests done in the Laboratory during the year.

### OPERATING ROOM

A total of 57 major and 10,200 minor operations and other procedures (including Pneumothorax aspirations, Fluoroscopy tests, etc.) were done during the year.

## 1950

### HIGHLIGHTS OF THE YEAR

1950 will be remembered as one of the most trying years in the history of our Hospitals, commencing with the detail involved in preparing and officially opening the new Princess Elizabeth Hospital, only to have our realized ambitions shattered by the devastating 1950 flood, which brought about the total evacuation of all of our patients before we ever admitted one patient into the new hospital. All residents in a wide area surrounding the Hospitals, were evacuated from their homes.

Then followed an extremely difficult period of cleaning up the slime-filled basements, some of which had been flooded to the ceilings, and of moving equipment back month after month as we gradually got each department cleaned and into operation again.

Then, on May 31, the City of Winnipeg lost the services of one of its most loyal and efficient servants with the resignation of our Secretary and Business Manager, Mr. Donald Cox, to accept the position of Assistant Commissioner in charge of

Hospital Services for the British Columbia Hospital Insurance Service. We were deeply sorry to lose Mr. Cox and the Hospital Commission arranged a dinner and presentation in his honor, with the sincere good wishes of all for his future success and happiness in his new field of endeavor.

### APPOINTMENT—MR. J. M. McINTYRE

Mr. John M. McIntyre was appointed Secretary and Manager following the resignation of Mr. Cox. Mr. McIntyre entered the service of the City of Winnipeg on October 30, 1930, and is very well qualified to take up this work, having served as Assistant Secretary and Manager since 1942.

### OFFICIAL OPENING: PRINCESS ELIZABETH HOSPITAL — MARCH 23, 1950

On Thursday, March 23, 1950, his Worship Mayor Garnet Coulter cut the ribbon and officially opened the doors of the new million dollar Princess Elizabeth Hospital for the care of chronically ill patients.

Embodying the ultimate in equipment, yet devised by medical science, the strikingly handsome, yet strictly functional brick building will serve many of Manitoba's chronically ill patients.

"The opening of this great new hospital for the chronically ill, solves a problem which has long bothered all of our hospitals," commented Mayor Garnet Coulter as he turned over the gold key to Alderman Frank L. Chester, chairman of the Municipal Hospitals Commission.

Among others present were Hon. R. F. McWilliams, lieutenant-governor, and Mrs. McWilliams; Premier Douglas L. Campbell and Mrs. Campbell, Mrs. Garnet Coulter, Mrs. F. Chester, Dr. Joe L. Downey, medical superintendent and Mr. Donald M. Cox, secretary manager of the hospitals; Miss Mary Shepherd, superintendent of nurses; Aldermen James Black, E. A. Brothman, H. V. McKelvey, Jacob Penner, H. B. Scott, George Sharpe, V. B. Anderson, and Joseph Stepnuk; also R. H. Avent, City surveyor; W. D. Hurst, City engineer; A. J. S. Taunton, deputy chief engineer; J. W. Sanger, general manager of the City Hydro; Dr. Morley S. Loughheed, City medical health officer; Dr. R. G. Cadham, deputy city health officer; J. R. Stuart, secretary, employer-employee advisory board; Chief Constable Charles MacIver; Fire Chief David Clawson; and F. T. G. White, superintendent of the public parks board.

The new hospital contains 36 single rooms, 54 two-bed rooms and 16 four-bed rooms, and all are done in pastel shades. There are three floors, each with two wards..

Each ward has accommodation for 28 to 36 patients, and a large, up-to-date kitchen is shared between the two wards on each floor, with the main kitchen in the basement.

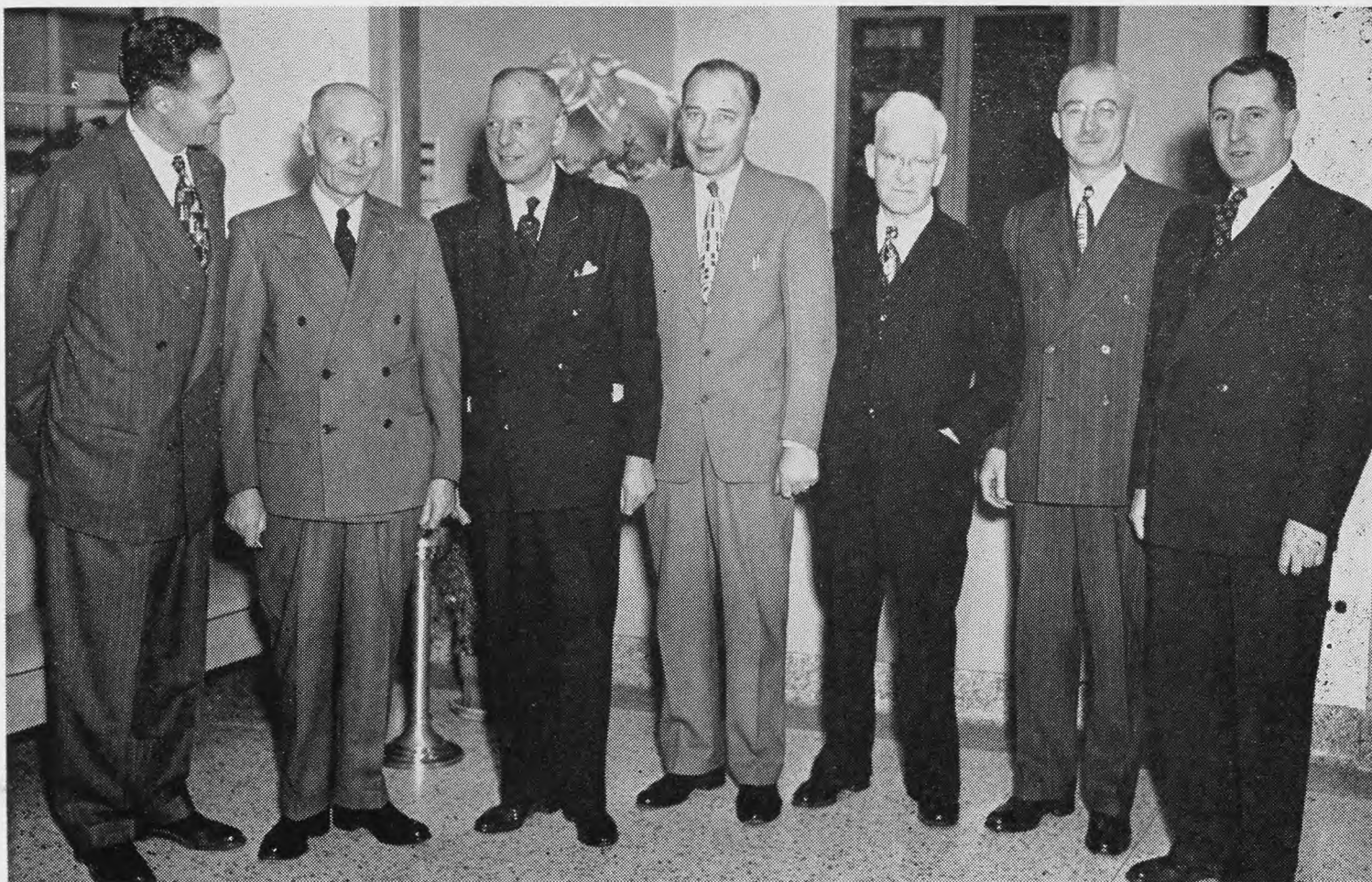


PRINCESS ELIZABETH HOSPITAL, FOR THE CHRONICALLY ILL.  
OPENED 1950 — CAPACITY 200 PATIENTS.



His Worship Mayor Garnet Coulter addressing the guests at the official opening of the Princess Elizabeth Hospital. Seated on the platform are Canon F. Hughes, Rector of St. Alban's Anglican Church; His Honor The Lieutenant-Governor, Mr. R. F. McWilliams; Premier Douglas Campbell, Mrs. R. F. McWilliams, and Alderman Frank Chester, Chairman of the Hospital Commission.





Dr. J. Downey, Mr. A. J. Roberts, Alderman Frank Chester, Alderman H. V. McKelvey, Mr. Peter Cornes, Mr. Donald Cox, and Alderman George Sharpe.



Touring the wards of the Princess Elizabeth Hospital following the ceremonies of the official opening: His Worship Mayor Garnet Coulter; Miss Mary Shepherd, Director of Nursing; Premier Douglas L. Campbell, and Mrs. R. F. McWilliams.





Mrs. Frank Chester, Mrs. Garnet Coulter, Mrs. Douglas L. Campbell, Mrs. R. F. McWilliams, and Mrs. George Sharpe, at the official opening.



Mr. Donald Cox, His Worship Mayor Coulter, Dr. J. Downey and Mr. J. McIntyre just prior to the ceremony of cutting the ribbon to open the Princess Elizabeth Hospital for public view.





AT THE OFFICIAL OPENING OF THE PRINCESS ELIZABETH HOSPITAL



### *Nursing Personnel Christmas Party*

**Back row (left to right):** Mrs. Jean Anderson, Al Marples, Miss Halbera Johnson, Mrs. Jackson, Miss Ethel Craig, Mrs. Townsend, Miss Crawford, Mrs. Gentz, Eileen Norman, Mrs. Frances Fletcher, Miss Margaret Goldsmith, Mr. Jackson (visitor), Mary Shepherd, Lillian Schiebel, Tina Braun, Vera Cockburn, Cecil Marsden, Mrs. Alice Bruce.

**Second row:** Mrs. Korompay (Hungary), Mrs. Lenore Hamilton, Miss Ingborg Neilson (Denmark), Mrs. Ivy Webb, Mrs. Beck, Mrs. McDonell, Doreen Smith, Mrs. Green, Mrs. Schaap, Mrs. Margaret Kidd, Mrs. Annie MacKay, Mrs. K. Adams.

**Front row:** Mrs. Clara Fuzes, Barbara Scott (South Africa), Josephine Van Dongen (Holland), Mrs. Louise King, Mrs. Mabel Mensforth, Anna Penny, Isabel Hovey (England), Caroline McDonald.

All corridors have hand rails for use of the patients. Bath tubs are set low and fitted with hand rails for the convenience of the patients who can help themselves. Other tubs are higher for the convenience of the staff, who have to assist the patients.

Two beautifully furnished solariums, and two outdoor balconies are used constantly by the patients. Ramps lead to the hospital grounds so that patients can be readily moved outside during fine weather.

A large auditorium provides an excellent room for weekly church services and concerts planned for the patients.

Everything possible has been done to make the hospital attractive and comfortable.

The entire building is in the shape of an arrow-head or "chevron", to permit the addition of wings in future years, without impairing the natural lighting. It is situated 100 feet south of the King George Hospital, and is connected to that building by a seven-foot tunnel at the ground floor level.

The Princess Elizabeth Hospital was then open for public inspection each afternoon and evening of March 23 and 24, and during the afternoon of March 25 and conducted tours of the building continued throughout those periods.

Immediately following the official opening of the Princess Elizabeth Hospital, the entire building was prepared in complete readiness to begin admitting patients when the basements, sub-basements, tunnels and grounds were suddenly inundated by the waters of the Red River in the disastrous flood of 1950 and we were unable to open the Princess Elizabeth Hospital until December, 1950.

### THE STUDENT NURSES' AFFILIATION PROGRAM

from 1914 to 1958, showing the Schools of Nursing affiliating at these Hospitals and the year in which affiliation began and ended. Three Schools of Nursing continue their affiliation program in the Nursing Care of Communicable Diseases at these Hospitals in 1958.

	Affiliation	
	Began	Ended
*Winnipeg General Hospital .....	1914	
Children's Hospital, Winnipeg .....	1914 - 1955	
Carman General Hospital .....	1918 - 1947	
Virden Hospital .....	1917 - 1935	
Selkirk General Hospital .....	1917 - 1944	
*Misericordia Hospital .....	1919	
Weyburn Hospital .....	1920 - 1936	
Morden Hospital .....	1921 - 1943	
Queen Victoria Hospital, North Bay, Ontario .....	1921 - 1925	
Melfort General Hospital .....	1921 only	
Swan River Hospital .....	1921 only	

Neepawa General Hospital .....	1922 - 1946
Dauphin General Hospital .....	1922 - 1954
Maple Creek Hospital, Sask. ....	1922 - 1935
Kenora General Hospital, Ontario ..	1922 - 1946
*Victoria Hospital, Winnipeg .....	1924
Souris Hospital .....	1924 - 1943
Yorkton Hospital, Saskatchewan.....	1924 - 1932
St. Joseph's Hospital, Winnipeg.....	1926 - 1945
Estevan Hospital, Saskatchewan.....	1927 - 1931
Grace Hospital, Winnipeg .....	1934 - 1955
Portage la Prairie General Hosp.....	1951 only

\*Still affiliating.

### THE 1950 FLOOD

This devastating flood of the entire Red River Valley will long be remembered by those evacuated from farms, villages, towns and city areas and by the many hospitals and organizations who worked day and night to provide shelter and help, not only to residents who were flooded out of their homes but to hospital patients who had to be evacuated.

The tremendous work done by the Winnipeg General Hospital and Deer Lodge Hospital who received all patients from other large hospitals and who evacuated them, as well as some of their own patients, to areas outside of Winnipeg, was a vast undertaking, and the splendid co-operation and assistance given by the citizens of Winnipeg and other areas, will never be forgotten.

Since we were in the very midst of the flood waters, we will tell of our own experiences at that time and will reprint the article, "Isolated Isolation Hospitals" as published in the February 1951 Canadian Nurse journal.

### ISOLATED ISOLATION HOSPITALS

By MARY L. SHEPHERD

February, 1951

How long ago it seems since that cold, wet early morning of May 6 when the flood waters of the Red River reached and inundated the grounds of the Winnipeg Municipal Hospitals as the river surged over great areas of Manitoba and, finally, Winnipeg.

Now, eight months later, we are still far from normal at the hospitals due to the fact that our basements, the main floor of the King George Hospital, the laundry, power house, and all other buildings stood for weeks in the filthy silt-filled river water.

We have had every available means of cleaning up these buildings, rebuilding damaged areas, relaying of floors, and every type of repair and reconstruction work, yet we still have no basements ready for use. Several wards are still filled to capacity with furnishings and stores from the basements and main floors of all our buildings and



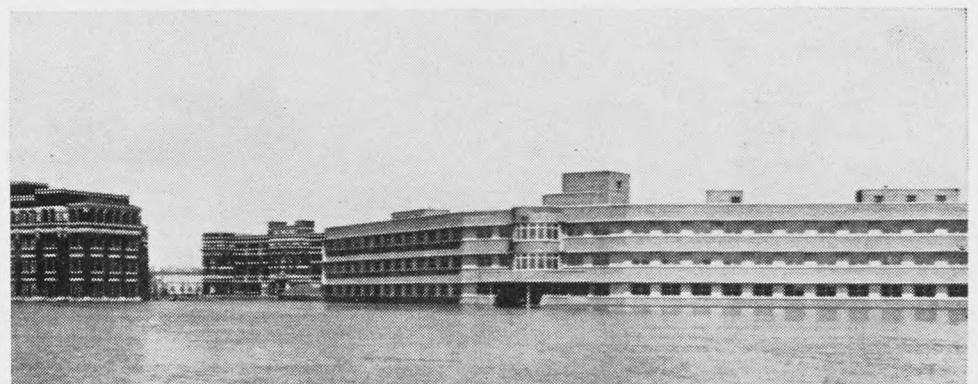


OUR MUNICIPAL  
HOSPITALS IN THE  
MIDST OF THE  
1950 FLOOD

The Nurses' Residence  
Princess Elizabeth Hospital  
Business Office.  
King George Hospital  
King Edward Hospital and Power House also flooded. Omitted from picture.



Our Ambulance almost completely under water at the front entrance of the King George Hospital



King George Hospital  
Nurses' Residence  
The new Princess Elizabeth Hospital, May, 1950

so cannot yet be made ready for occupancy. Our X-ray Department is still not in operation. The new Princess Elizabeth Hospital for the chronically ill (with every unit ready last May) has still never been opened, though reconstruction work has been carried on throughout this time. The laboratory is yet to be completed. Our classroom cannot yet be used. One elevator is still out of order and the floor of the reception room in the Nurses' Residence is bulging in many places from flood waters which were so long beneath it.

Some rather interesting facts may help to give you an insight into how slowly rehabilitation takes place.

On May 6 we evacuated all of our Tuberculosis patients to Deer Lodge Hospital and from there to Saskatoon and Fort Qu'Appelle Sanatoriums. Our own staff nurses were sent wherever the patients went.

Some of us remained at the King George Hospital with our Eskimo patients, two patients in respirators, and three small babies with communicable diseases.

Then came a call for space for more communicable diseases. They could not easily be brought in by boat so we finally set up a second isolation unit in the already-evacuated Children's Hospital. Again we divided our staff—some to still remain with our few patients in the midst of the "lake."

On May 13 the army decided to evacuate the few of us who remained—one patient went to the Winnipeg General Hospital, two others to Deer Lodge Hospital. Our Eskimo patients were sent to Sioux Lookout while the Tuberculosis patients from a second Winnipeg sanatorium, who were being cared for with ours, were sent to Fort William, Ont.

What a task it was to keep a complete record of where all these patients were, how many staff were with each group, notifying the postal authorities of each move, and keeping a record of the hours of nurses now scattered in three provinces!

We no sooner got ourselves orientated when we again had to move to allow the Children's Hospital patients to return. So back we went to the only place available—the King George Hospital—by boat, on June 2.

Our Nurses' Residence was not occupied until July 6. We did not get our Eskimo patients and Deer Lodge patients back until July 10. The patients at Saskatoon and Fort Qu'Appelle returned July 12. The elevator in the King George Hospital was not operating until August 2. Our lights came on again August 10. The ground lights and switchboard were again in operation and the last two patients returned September 29. Our operating room was finally used again five months after the flood—on October 18.

To return to the days of the flood, we were truly "isolated" for we still operated the King

George Hospital in the midst of a lake of water up to ten feet in depth in the hospital grounds, and with water everywhere as far as we could see in any direction. No one occupied any of the homes in the surrounding districts for some were half under water. Smaller homes were in water to the eaves.

We will always remember hearing the news of the towns and farms in southern Manitoba being under water; of hundreds of people homeless and arriving in Winnipeg to seek shelter; of hearing that the river was rising hourly 25 feet, 26 feet, 27 feet—and finally over 30 feet above normal safety level; of its steady approach to Winnipeg during those cold, dark, wet days of apprehension. Thousands of men, women, and children were helping to build dikes or serving food to dike workers.

We, of the nursing staff, took no chances on whether the water would come or not. We moved all of our equipment and supplies to one of the top floors three weeks before the flood came, then assisted the more optimistic departments when they had to move in rather a hurried manner. The night before the flood struck we worked right through, moving the remaining supplies from the already-flooding basements. At 4:00 a.m. we were called to assist in the evacuation of the patients during which time a flash flood filled the basements, hurling sand-bag embankments as though they were feathers.

I shall never forget the quiet calm of every patient and every member of our hospital personnel as ambulance after ambulance took the 160 Tuberculosis patients to safety. By 7:00 a.m. the last ambulance was about to go when I managed to send our two smallest Eskimo children over for my parents to care for until after the emergency. Again they went quietly, never doubting that we would see that they were safe. In fact, the ambulance drive delighted them.

The hospital grounds were quickly inundated. Nearby cars and a tow-truck were completely submerged in a very brief time. These cars and our ambulances remained for weeks under water.

We were now completely isolated for we had no boats and our switchboard had ceased to function. All of our electricity was suddenly cut off. We had no radio and no telephone. There we were with 17 patients to care for. How to begin, we wondered, and how could we keep them warm with no heat or hot water! For only a moment we were bewildered—perhaps from loss of sleep, for no one could get in to relieve us—but we very soon became adept at improvising.

Our nursing care was very limited for it was much too cold to even strip a patient's bed. We concentrated on keeping them warm with blankets under and over them and suits of underwear and sweaters. We saw that they had good hot meals and kept them comfortable. They knew that we would not leave them. When the emergency electricity was installed on that one floor only (and



in the main kitchen) we placed all of our heat lamps near the patients' beds, particularly where the three babies were.

We very soon had to wear more than our white uniforms. By the end of the first day we were only too glad to don hospital underwear, slacks, sweaters, and warm dressing gowns! Even then we were never warm.

Our technique had to be improvised, too. Scrubbing our cold hands under cold water was almost our greatest problem.

We no longer had steam for boiling dishes, trays, basins, etc., so had to soak them in solution, after which they were carefully washed in soap and water (the latter obtained from fourth floor!). Our laundry had to be taken by boat to downtown laundry establishments.

Garbage disposal was also a problem. The cans were placed in a special boat which was tied to a tree in the middle of the grounds until army trucks could meet the boat and take the garbage to the incinerators.

I wonder how many hundreds of times we climbed those stairways? Our telephone was on one floor, our improvised offices on another, the kitchen and dining-rooms on the top floor.

However, life in this rather damp, isolated area was far from being unhappy. The nurses and other personnel showed a greater loyalty and interest than could possibly be found at any other time. This loyalty was deeply appreciated. We could hardly get them away for their days off—they were afraid they might not get back! A few, who did not live in residence, came to work daily by boat.

In the evenings we had many very happy times with much laughter in the one "community" room which housed the telephone and a newly acquired stove (which proved to be rather temperamental at times!). Here we rested and talked and played card games in the evenings, then enjoyed hot coffee and lunch.

We will never forget the sight of the first boat coming along Morley Avenue—nor the beautiful sunset across the waters and a canoe silently gliding through it between the hospitals—nor the kindness of one of our aldermen, a member of our Hospital Board, who manned his motor boat up and down Morley Avenue, day after day, in the rain and cold—nor the rounds made by the Fire Department and police to see that "all was well"—nor the night the members of the Fire Department got a hurried call, rushed into their boat, turned it quickly around—and crashed into the nearest tree!

The grounds lights were submerged, with only the globes above water. Our only entrance to the King Edward Hospital was by way of the fire-escape and through the second-floor windows.

I finally contacted all members of our staff,

sent some to be with our patients and had the others "stand by" the first day after the flood struck us. What a wonderful feeling it was to know that they were ready to go wherever needed and to undertake whatever duty was asked of them!

That very night at 3:00 a.m. we chanced to hear an urgent call for help from the Winnipeg General Hospital which was at the time taking in the St. Boniface Hospital patients. Thanks to our staff I was able to telephone at once and give 17 names and 'phone numbers of nurses ready and waiting to help.

Making rounds was done by boat and "ambulance" (improvised from a truck). It took four hours for we had to travel around so many flooded subways and streets to get to the Children's Hospital and Deer Lodge and return to the King George Hospital.

The rehabilitation program was to be a very slow one and, at first, seemed a gigantic task. The floors, walls, ceilings, lights, and cupboards were covered with thick, slimy silt. Cupboards crumbled when moved, after many weeks under water. Clearing the silt and dirt was one of the biggest tasks, then followed weeks and months of reconstruction work.

Our classroom was completely demolished and with it went the wonderful colored pictures of various communicable diseases which we had spent years in collecting and which had been invaluable in our teaching program.

After the floors had all been relaid, walls plastered and painted, we finally were able to open one more floor though the others remain clogged with equipment until the basements are completed.

Our affiliation program had to be completely re-organized but this was easily done, thanks to the very splendid cooperation of our affiliating schools.

Another gigantic task was that of identifying the belongings of all our Tuberculosis patients, after employees and volunteer workers had rushed all furniture, patients' clothing, and personal belongings from one floor to the next. No one will ever know the weeks that were spent sorting out everything, identifying clothing by laundry numbers, envelopes with names on or by any means possible, then wrapping them and tagging them until the patients returned. It had not dawned on those carrying the dressers, tables, clothes, lockers, etc., upstairs that such confusion could occur. Thanks to the staff who undertook this work, all belongings were safely returned to all patients.

And so we have learned to adjust quickly to an emergency; how to improvise; and, most of all, we have learned and experienced wonderful cooperation and loyalty in sharing all of these experiences.

How appropriate was the slogan of Manitoba during the 1950 flood—"We're weary and wet—but we'll win."

**1950 FLOOD—IN BRIEF SUMMARY**

- May 6—All Tuberculosis patients evacuated.
- May 10—We opened the already-evacuated Children's Hospital to admit communicable diseases.
- May 13—Remainder of King George Hospital patients evacuated.
- June 2—We moved back to the King George Hospital—by boat up Morley Avenue.
- June 6—Nurses' Residence re-opened.
- July 10—Eskimo patients and our patients at Deer Lodge Hospital, returned.
- July 12—Our patients from Saskatoon and Fort Qu'Appelle Sanatoriums, returned.
- August 2—Elevators operating again.
- August 10—Lights on again.
- August 10—Refrigerators on.
- September 29—Ground lights on.
- September 29—Last two patients, both in respirators, returned.
- October 6—Ward "A" re-opened.
- October 18—Operating Room re-opened.
- November 15—Main reception room in Nurses' Residence in use.
- December 11—King Edward Hospital staff dining-rooms opened.
- December 21—Admitting rooms ready for use.
- December 15—Princess Elizabeth Hospital (officially opened March 23) finally opened.
- December 1—Ward "E"—first floor King George Hospital—ready to open.
- December 20—Princess Elizabeth Hospital auditorium opened.
- December 18—Staff dining-rooms at Princess Elizabeth Hospital opened.
- December 20—Wards C, D and G at the King George Hospital finally cleared of stores and equipment, and ready for use; also basement store rooms.
- January 8, 1951—The last department to be re-opened was the X-ray department.

Thus it had taken us nine months to restore our Hospitals and all departments to normal after the flood, with all departments working under extreme difficulties during the entire time.

The Hospital Commission, under the chairmanship of Mr. F. Chester, expressed its sincere appreciation of the faithful service of the staff of permanent employees whose unfailing loyalty and devotion to duty made it possible to accomplish so much despite the many difficulties encountered.

**44-HOUR WEEK**

During August 1950 a 44-hour work week became effective for all nursing personnel, other personnel having adopted these hours some months previously.

**REGISTERED AND LICENCED PRACTICAL NURSES**

In co-operation with the Manitoba Association of Registered Nurses, all Registered Nurses on our staff are required to be members in good standing with that Association.

Also, in co-operation with the Practical Association of Manitoba, all Practical Nurses must be licenced and in good standing with their Association.

**OFFICIAL CAP OF LICENCED PRACTICAL NURSES**

On December 15, 1950, in co-operation with the Licenced Practical Nurses' Association, the official cap of the Association was adopted as a requirement of these Hospitals for all Practical Nurses.

**BOWLING LEAGUE**

Almost our entire staff became members of a bowling league this year and enjoyed this activity very much throughout the year.

★



During the 1950 Flood of the Red River

—PHOTOS COURTESY WINNIPEG FREE PRESS



## *Our Eskimo Patients*



Mr. White, Miss Forrester and Hudson Bay employees with Simeon, "Koob" and Marcussi during a tour of the Hudson Bay store.



Eskimo patients building an Igloo beside the Hospital as three Winnipeg children look on

### IGLOO BUILT BY ESKIMO PATIENTS

In February, 1950, some of the Eskimo patients decided to build an igloo beside the King George Hospital while outside exercising in the crisp February air.

Jimmy Gibbons, 33, assisted by Marcussi and Simeon, both 7 years of age, and several other Eskimo patients, wielded a bread knife in a block of well-packed snow and within half an hour they had a good-sized igloo home, which became probably the first project of its kind in Winnipeg.

Using the borrowed bread knife, Jimmy demonstrated how to cut the 10-inch blocks of hardened snow with a few lightning thrusts of the knife. Then the blocks were piled carefully to form a sturdy wall and roof of snow. While the igloo appeared quite small from the outside, an interior examination (on hands and knees through the low doorway) proved that it was quite roomy. Eskimo children learn to build igloos at about the age of six years. This is necessary because they start going on hunting trips before they reach their teens.

As for igloo life as compared with life in the City — well, Jimmy and his little friends much prefer the former.

## 1951

### ANOTHER BUSY YEAR

The year 1951 was one of the busiest years in the history of our hospitals, according to the report

of the chairman of the Hospital Commission, Mr. Peter Cornes. In the three hospitals 94,943 patient days treatment were provided. There were 1,641 patients admitted, and 1,566 discharged.

### RESIGNATION—DR. DOWNEY

Dr. Joe L. Downey, a member of our staff since September 1, 1936, and medical director since December 16, 1947, left the service on February 28, 1951, to enter private practice. Dr. Downey was largely responsible for the development of the Princess Elizabeth Hospital Medical Services and the success of his planning is a tribute to his interest in our work. It was with regret that these institutions learned of his decision to leave.

### APPOINTMENT—DR. J. A. HILDES

Dr. John A. Hildes, who entered the service on June 1, succeeded Dr. Downey as medical director of these hospitals.

### PHARMACY

Mr. Norman Singleton was engaged as pharmacist. With the increasing use of new drugs and antibiotics, this change has resulted in a high level of efficiency and economy.

### PHYSIOTHERAPY DEPARTMENT

Plans are under way to develop this very essential department so that a greater rehabilitation program can be established in the treatment of



those who have lost their powers of ambulation or who through the ravages of disease have incurred partial destruction of muscle movement.

### **OCCUPATIONAL THERAPY**

So as to keep alive the will to get well, considerable time has been spent in organizing and developing the diversional activities of our patients.

Interesting and stimulating handicrafts have been organized. Lacking the services of an occupational therapist, this task was undertaken by members of the Princess Elizabeth Hospital Guild and their efforts were aided and encouraged by another group, The Order of the Royal Purple.

At the King Edward Hospital, occupational therapy was directed by Miss Gladys Motherall whose services on a full-time basis are made available for Tuberculosis patients by the Sanatorium Board of Manitoba.

Much appreciation is due Miss Motherall for her deep and sincere interest in the patients and for her untiring efforts on their behalf. Miss Motherall never spared herself on or off duty, if there was anything she could do to help the patients in this work.

### **REHABILITATION**

"We cannot say too much about the possibilities which exist in the Princess Elizabeth Hospital on this subject. The time and work involved in re-training patients to walk or speak is generally not recognized by everyone, and it is always a source of satisfaction to see patients discharged able to take care of themselves instead of doomed to complete invalidism," as stated by Mr. J. McIntyre, secretary and manager of these hospitals, in his report.

### **MEDICAL ACTIVITIES**

Under Dr. Hildes, monthly clinical luncheons and regular medical staff meetings, as well as weekly ward rounds in each of the three hospitals were inaugurated.

During the year Dr. Alcock attended a month's course in Bronchoesophagology at Chicago. Dr. Hildes, Dr. Ferguson, Dr. Schaberg and Dr. Armstrong attended medical meetings and presented papers.

### **COMMUNICABLE DISEASE DIVISION**

The infectious diseases, aside from poliomyelitis, have shown a steady decrease in number and virulence. Diphtheria is uncommon but still a cause of anxiety occasionally. The complications of Scarlet Fever and Measles have been greatly reduced, and the isolation period of Scarlet Fever has again been shortened.

### **TUBERCULOSIS UNIT**

The patients at present are being cared for on

two floors at the King Edward and, during the redecoration of the third floor, on two wards at the King George Hospital.

### **X-RAY UNIT**

An X-ray unit has been installed at the Princess Elizabeth Hospital which is connected by tunnel to the King George Hospital. Until now, patients from the King George Hospital had to be taken by ambulance to the King Edward Hospital for X-ray.

### **INTERNES QUARTERS**

The internes' quarters have been changed from the second and third floor rooms at the King Edward Hospital to Ward 'D' at the King George Hospital. This has given us space for the occupational therapy department on the 3rd floor, and for a nurses' dressing room on the 2nd floor at the King Edward Hospital.

### **PART-TIME MEDICAL STAFF**

A new and interesting departure has been the appointment of part-time physicians to our staff.

### **NURSING DEPARTMENT**

With the extension of our services we have increased the number of Registered Nurses, Licenced Practical Nurses, Nurses' Aides and Orderlies.

### **ORIENTATION PROGRAMS**

Our increased staff, particularly in untrained members, has necessitated a revision and extension of our orientation programs, particularly of our on-the-job teaching program of Nurses' Aides and Orderlies.

### **CHURCH SERVICES**

We have been greatly indebted to the three church groups who have faithfully carried on weekly church services year after year for the patients at the King Edward Hospital.

This year, through the nursing office, arrangements have been made with 35 ministers and church groups to provide Protestant undenominational services for the patients in both the King Edward and Princess Elizabeth Hospitals every Sunday morning from 9:30 to 10 o'clock. Roman Catholic services are held periodically by a church in this area.

These services were planned for the entire year and two of the churches very kindly printed announcements and schedules for all of our patients.

### **AUGUSTINE BUSINESS WOMEN'S CLUB**

Appreciation is again extended to this group of women who, for many years, have visited the patients at the King Edward Hospital every week,

and who have provided regular entertainment and books and other needs.

### PRINCESS ELIZABETH HOSPITAL GUILD

The fourth annual report of the splendid work being done by this Guild included the purchase of a piano and bench for the auditorium, entertainments and library books provided for the patients, personal visits every week with the patients, birthday, Christmas and Easter cards sent to each patient, and personal needs provided for the patients. Much appreciation is extended to this group for the work they are doing for the Princess Elizabeth Hospital patients.

## 1952

### 40th ANNUAL REPORT

The 40th annual report of these Hospitals once again reflects a record year of activity.

The Poliomyelitis epidemic of 1952 monopolized all of our services to the limit. 1951 was devoted to the development of the Princess Elizabeth Hospital. 1950 was the year of the Red River Valley flood, and in 1947 and 1948 the Princess Elizabeth Hospital was being built, so that we have had five successive years of sustained effort.

Published news reports on the work of our staff during the Poliomyelitis epidemic did not overestimate our struggle. Few realize the night and day battle, plagued with a minimum of staff, and the shortage of modern equipment, particularly respirators, to combat such an unforeseen influx of seriously ill patients.

### OCCUPANCY

A total of 100,900 days' treatment was provided during the year, an increase of 5,957 days over the previous year.

The year-end census showed 53 acute communicable and 10 Tuberculosis patients in the King George Hospital, 87 Tuberculosis patients in the King Edward Hospital, and 161 chronic disease patients at the Princess Elizabeth Hospital.

### ACCOMPLISHMENTS

A fully qualified Occupational Therapist was added to our staff during the year and this department is now fully organized.

A Doctor of Physical Medicine has been engaged to commence duties early next year.

Two Physiotherapists are coming from overseas to eliminate a serious staff deficiency in that department.

During the year the Joint Commission conducted the accreditation survey and all three hospitals were fully approved.

Only one penalty was recorded—that for the lack of a Registered Medical Librarian on our staff. This deficiency is now under study.

The summary of the report showed:

"Well maintained and well equipped hospitals."

"Good administration."

"Excellent clerical work."

"Good adjunct departments."

### SUMMARY OF THE YEAR 1952

1,204 patients admitted during the year.

700 patients admitted from Winnipeg.

504 patients from outside Winnipeg.

233 Poliomyelitis patients admitted.

41 respirator patients admitted.

20 Tracheotomies performed on Polio patients.

89 deaths during the year.

1,926 out-patients seen.

6 attending Doctors on staff.

58 Registered Nurses.

339 other employees.

\$612,244.14 spent on salaries in 1952.

\$269,017.79 other operating expenditures.

Average cost per patient per day, \$8.73½.

Average patients in Hospital, 276.

100,900 days' treatment given.

Average stay of patients:

Communicable, 18 days.

Tuberculosis, 196 days.

Chronically ill, 130 days.

### HOSPITAL DEPARTMENTS:

Operating Room:

59 major operations, 37 minor operations,  
21 casts.

Laboratory:

20,190 reports on specimens.

68 autopsies performed.

Dietary:

450,688 meals served.

Average cost per meal (of raw foods) 26 cents.

Laundry:

1,494,507 pieces laundered.

7,800 lbs. of soap used.

Pharmacy:

6,082 prescriptions filled.

Grounds:

From 15 acres under cultivation, 81 tons of vegetables were produced.

Power House:

4616.6 tons of coal used.

45,568,350 lbs. of steam produced.



**X-ray:**

2,889 in-patient films taken.

2,212 out-patient films taken.

**Physiotherapy:**

134 patients treated.

1,775 treatments given.

**Housekeeping:**

1,273,216 work-hours required to keep hospitals clean.

**Occupational Therapy:**

80 patients taking handicrafts.

535 completed projects.

**POLIOMYELITIS EPIDEMIC, 1952**

In Dr. J. Hildes' report he told of the Polio-myelitis epidemic. A total of 240 patients were admitted from all parts of Manitoba. Although at that time our Hospitals were not receiving all of the patients, we were getting a highly selected group as we were becoming the main centre for treatment of respirator and bulbar cases. At the peak of the epidemic we had as many as 20 patients in respirators at one time. Respirators were borrowed from all parts of the country and some were purchased by the Provincial Government. Assistance was received from army and health authorities because of the shortage of skilled nursing personnel. It was necessary to re-wire the entire ward to carry the heavy electrical load. In all we were in a general state of emergency from July until the end of the year when the epidemic began to wane. With all our difficulties we had a surprisingly low death rate—seven in all.

However, the epidemic left its aftermath with the problem of rehabilitating crippled patients. This was undertaken vigorously by the Physiotherapy department and the Medical staff, along with invaluable help from the consulting Orthopedic surgeons.

At the end of the year there were still many left, but hope for discharge from hospital and a useful life could be seen for most of them. A few failed to recover their respiratory function enough to leave their respirators and a few who have achieved this goal after a long, hard struggle were returned to respirators whenever respiratory infections developed. These patients will be with us for a long time and will be a constant stimulus in the search for new treatments.

The function of the King George Hospital in serving the needs of the province as well as the city, which was forgotten in the past, was brought sharply into focus by the epidemic. There is a real need for extensive re-organization in the handling of these cases and a need for a suitable supply of equipment and trained personnel to handle future cases.

**TUBERCULOSIS CARE**

There is a continued trend away from collapse therapy enhanced by the introduction of new Anti-

biotic drugs. Isonicotinic Hydrazid was first made available in April and now has an established place in the fight against this disease. The general fight against Tuberculosis has proven so successful that our census has been lower than in previous years, so that plans are under way for the eventual use of the King Edward Hospital for patients other than Tuberculosis. However, this service will likely continue for some years.

**CHRONIC DISEASE DIVISION**

The Princess Elizabeth Hospital has now completed its second year in operation and is filling a long-felt need for the care and treatment of patients with chronic diseases who require more than domiciliary care available to them in nursing homes. There has been an increasing awareness that many patients are capable of being rehabilitated to a useful and happy life outside hospital.

**LABORATORY**

Under the supervision of Dr. Schaberg and Dr. Ferguson, the work in the laboratory has again expanded in keeping with the increased occupancy in the Princess Elizabeth Hospital and the large influx of Polio cases. This increase was particularly noted in hematological and biochemical tests performed. During the year the facilities for histology have been extended so that now a complete service is available.

**RETIREMENT—MISS R. MORETON**

At the end of the year Miss Ruby Moreton retired from the laboratory staff after 35 years' service with the Hospitals. Appreciation was extended to Miss Moreton for faithful and untiring service.

**PHARMACY**

Mr. Singleton continued to operate the pharmacy in a very efficient manner. He is preparing a hospital formulary which will be of great help to the medical staff.

**NURSING STAFF**

Miss Mary Shepherd, Superintendent of Nurses, left early in October to take a course in nursing administration at the Massachusetts General Hospital in Boston. Miss Vera Cockburn, Assistant Superintendent of Nurses, and Mrs. Thorne, Supervisor at the King Edward Hospital, attended the Canadian Nurses' Association meeting in Quebec City. Miss Margaret Goldsmith joined the staff as Nursing Supervisor of the Chronic Diseases Division.

**CHURCH SERVICES**

Throughout the year undenominational church services were held at the Hospitals each Sunday morning for the patients, seventeen Protestant churches taking part in conducting these services.

# 1953

## 1953 POLIOMYELITIS EPIDEMIC

During 1953 we had the most serious Poliomyelitis epidemic ever experienced here or in any area.

### REPORT OF THE HOSPITAL COMMISSION

Alderman George E. Sharpe, Chairman of the Hospital Commission, in the 41st annual report said that this year's record once more surpasses all previous years in volume of work.

The commendable work of our staff during the year aroused international interest and admiration for the service rendered the citizens of Winnipeg as well as the residents of Manitoba in general, during the serious Poliomyelitis epidemic. Further details are given in later reports by the Administrator and Medical Director on whom the burden of many management problems fell heavily.

The Hospital Commission acknowledged the co-operation and assistance extended by the many agencies and individuals who answered our call for help during the crisis. Without such assistance it would not have been possible for our Hospitals to care for the sudden influx of seriously ill patients, many of whom required respirator care.

Alderman Sharpe also testified to the capable manner in which the work of our Hospitals has been carried out, and in particular, the devotion and fidelity on the part of every member of the staff.

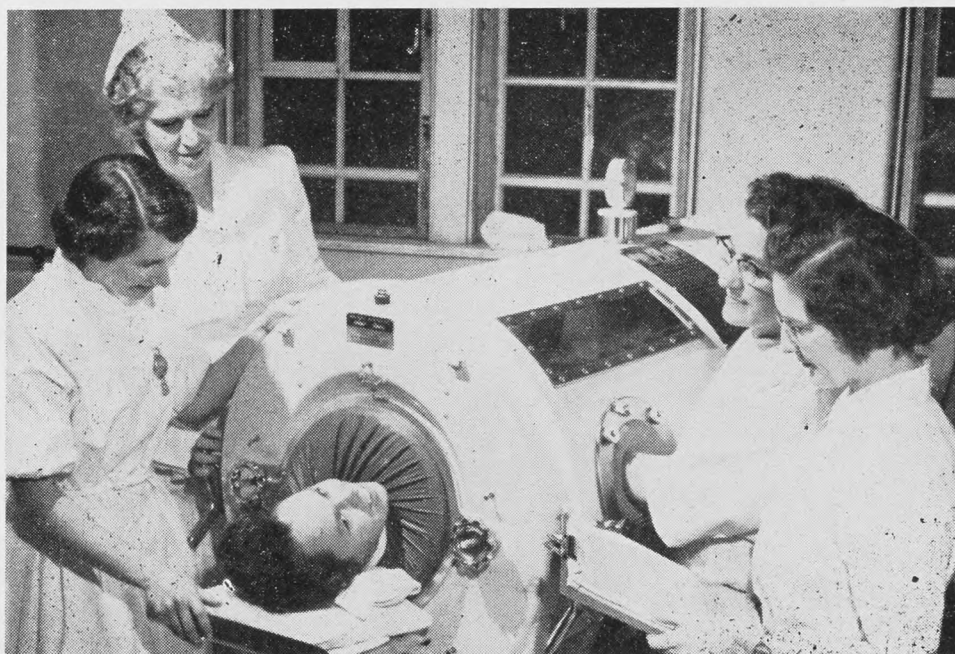
### REPORT, IN PART, OF MR. J. McINTYRE, ADMINISTRATOR

The serious nature of the Poliomyelitis epidemic accounted for 1,290 of our year's total of 2,161 admissions. Many of these patients were seriously ill, 186 required respirator care, and 117 had a Tracheotomy performed. In addition, we commenced the year with 21 respirators in use, a carry-over from the 1952 epidemic.

Many difficulties were encountered, with staff shortages and equipment deficiencies once again complicating our progress. As an illustration of this situation, our staff requirements in mid-October exceeded one thousand skilled and unskilled hospital personnel, many of whom volunteered for duty on our wards without compensation.

Mr. McIntyre states that he shares with the people of our province a profound respect for the professional activities of our Medical, Nursing and other professional personnel who were called upon to labor long and hard during an extremely trying year. We must not, however, overlook the forgotten people behind the scenes and to these faithful and conscientious employees gratitude was expressed for a year of service well beyond the call of duty..

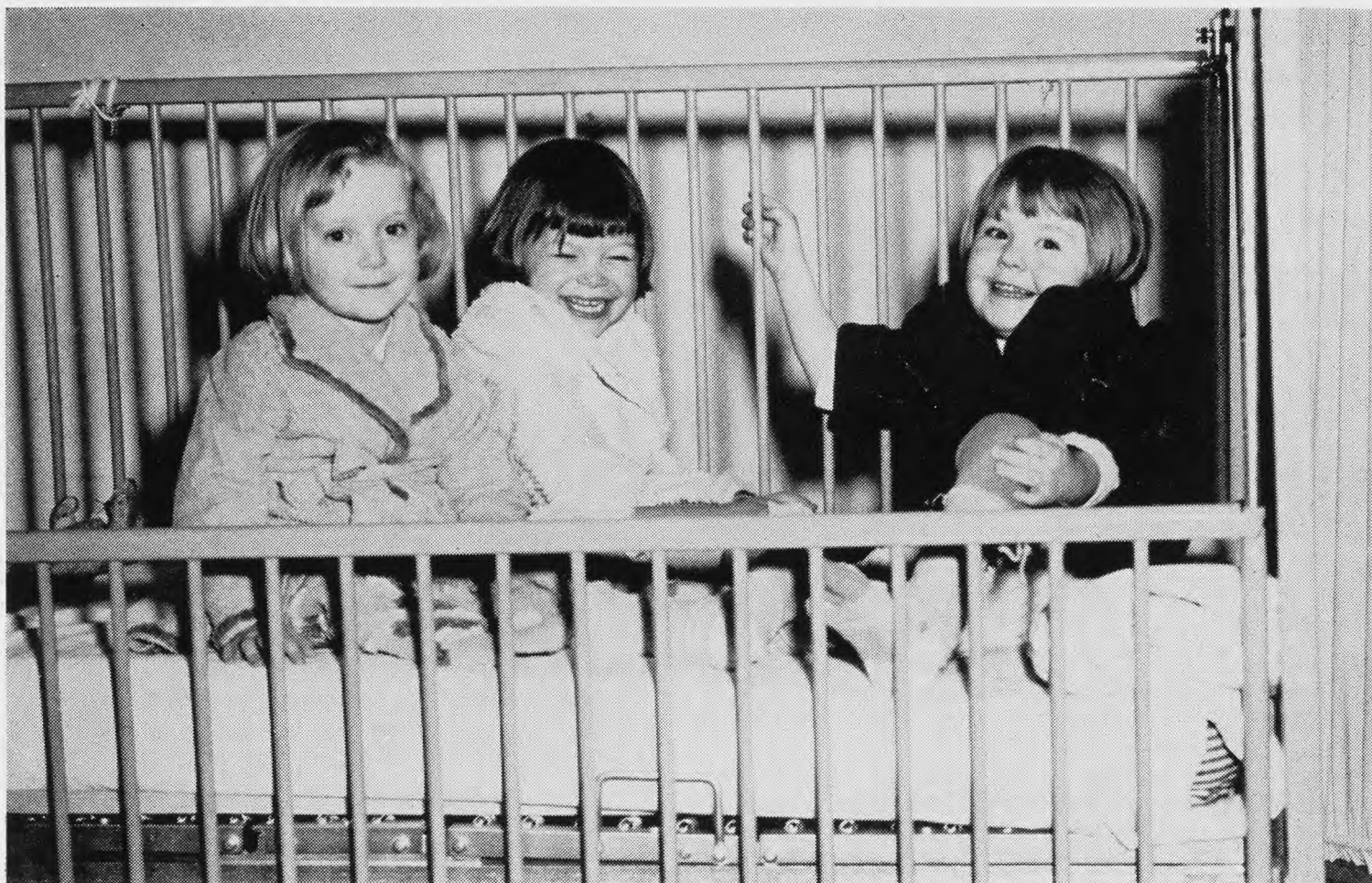
The dietary, laundry, housekeeping, administration and maintenance departments struggled valiantly to do their part in keeping our Hospitals functioning admirably well under the prevailing trying circumstances, and, without their co-operation the success of our work would not have been possible.



Miss Shepherd shown with three members of the St. Johns Ambulance Brigade, who assisted throughout the Polio epidemic at these Hospitals. Left to right are: Miss Lois Batten, Mrs. Legros and Mrs. Rankin

—COURTESY WINNIPEG FREE PRESS AND THE ST. JOHNS AMBULANCE BRIGADE





THREE HAPPY LITTLE PATIENTS



PATIENTS AND STAFF during the visit of the "Indian Princess" and Bob Willson of the Canadian Broadcasting Corporation.

—PHOTO COURTESY BOB WILLSON, CBC, AND MR. DAVE PORTIGAL, PHOTOGRAPHER



Mr. McIntyre also expressed sincere thanks for the sympathetic understanding, interest and guidance throughout the year of the members of our Hospital Commission and City Council.

## NURSING DEPARTMENT

During the 1953 epidemic of Poliomyelitis the Nursing Department had a very great adjustment to make, from a small number of patients and a small staff in the King George Hospital, to a tremendous and sudden influx of very ill patients, with 92 in respirators on one occasion. This constant and very vigilant and skilled nursing care required 24 hours per day for each patient, necessitating at least three nurses for each patient in a respirator. We also had to have staff to relieve these nurses for meals, and to take supplies to and from the units, since the patients could not be left alone a moment. Thus it required a staff far above normal to care for these 92 patients, as well as having staff for our normal number of patients in all three buildings.

It was with very real gratitude that we received nurses from the Army, Navy, Air Force, from the City and Provincial Health Departments, from other hospitals, from nurses on days off, vacations, and in their off-duty time, and from many organizations. Without them, and without the many many extra hours given by our own staff, we could not have stood up to the epidemic.

One of our problems was that of orientation, for our own nursing staff in administration and on the wards were working up to 18 hours daily in caring for the patients and obtaining staff, and it was impossible to carry out the type of orientation which was so urgently needed.

Another problem we had was the tremendous amount of equipment in every room and corridor—of respirators, rocking beds, day beds, suction machines, oxygen tanks, tracheotomy trays, and all other equipment so necessary for all of the emergencies which were constantly present, and which made our working space so limited and very difficult.

Emergency care continued 24 hours daily for many weeks throughout the Hospital, while the other two Hospitals carried on as normally as possible.

At every turn we made, more respirators and other equipment were pouring in from all over the continent and ambulances and cars were constantly bringing in patients for admission or for examination.

The records were a great problem as there seemed so little time for desk work.

We soon became adjusted to the noise of from 70 to 92 respirators in constant use, and coughing and suctioning machines in use every few minutes. We became aware of this constant noise only on

the rare occasions when the electricity was switched from one emergency supply to another, and an alarming silence of a few seconds, made us realize this constant activity.

A few notes to summarize the activities are as follows:

- 1,290 Poliomyelitis patients were admitted out of the total of 2,161 examined.
- 157 deaths occurred in 1953.
- 117 Tracheotomies were done.
- 9 babies were born, whose mothers were in respirators.
- 207 respirator patients were treated during the year.
- 3 additional wards were wired for the special electrical equipment.
- 1,300 trained and untrained personnel assisted us in the nursing department in 1953.

The paid personnel at the year's end was as follows:

- Medical—22.
- Administration—12.
- Nursing—485.
- X-ray—3.
- Laboratory—8.
- Dietary—82.
- Housekeeping—59.
- Others—81.

## COMMUNICABLE DISEASES

No communicable diseases were admitted, apart from Poliomyelitis, from August to October, due to lack of space.

## TUBERCULOSIS DIVISION

There was a continued decrease in the number of Tuberculosis patients admitted to the King Edward Hospital.

Antibiotics are now the major specific agents of treatment.

No patients had been started on either Pneumothorax or Pneumoperitoneum treatments, nor were any Phrenic crush operations performed. Only one Thoracoplasty operation was performed.

## PHYSICAL MEDICINE DEPARTMENT

During the height of the epidemic, 14 Physiotherapists were employed, solely for the treatment of patients with Poliomyelitis.

Dr. M. H. L. Desmarais was made Director of the Physical Medicine Department in May, and there have been many changes regarding staff, equipment and general policy in that department.

## OCCUPATIONAL THERAPY

There has also been a great increase in the load in this department. Apart from diversional and remedial occupational therapy activities, the



department has helped in making simple splints and appliances for the patients as well as slings for the Physiotherapy Department.

### PHYSICAL TRAINING INSTRUCTORS

In order to carry out group remedial exercises the post of Physical Training Instructor has been created and Mr. W. V. Williamson was taken on staff November 15, 1953. During the day about 20 different classes in group therapy are held, and are proving of great value.

The Physical Training Department has also been responsible for organizing competitive games, and arranging matches between patients of different institutions. A volley ball league has been organized between the Paraplegic Association, Deer Lodge Hospital and the Municipal Hospitals, and matches are played regularly each Friday. All patients are in wheel chairs in this league.

### HYDROTHERAPY

A comprehensive hydrotherapy program has been organized in conjunction with the Red Cross, the Crippled Children's Society and the Navy at H.M.C.S. Chippawa. Classes are held four mornings weekly, and approximately 40 patients attend twice every week. More patients could have been accommodated had the pool been in or near the hospital.

### ORTHOPEDIC CLINICS

The Hospital Orthopedic Surgeon Consultant, Dr. C. Hollenberg, holds a clinic twice weekly to advise and deal with orthopedic problems. A second orthopedic surgeon and a vocational officer from the Crippled Children's Society also attend.

### FOLLOW-UP CLINICS

Follow-up clinics of post polio patients are held twice weekly in the auditorium.

### SOCIAL AND VOCATIONAL CONFERENCES

A weekly conference is held by the social worker to discuss the patients' social and vocational problems. These clinics include the nursing staff, vocational officer, psychologist, and, when the occasion necessitates, the occupational therapist, physiotherapist or teacher. These conferences have been of great value in helping, directing and preparing patients in tackling their problems while still in hospital and after discharged.

### SCHOOLS

A nursery school for the children in the hospital has been operating nearly five months now, under the voluntary help of Mrs. Harland. Classes are held three times weekly in one of the Solariums at the Princess Elizabeth Hospital.

Mrs. A. B. Smith has been very active in run-

ning a schooling program for older patients beginning in December, 1952. Since then 37 pupils from grade one to ten have received instruction.

### ENTERTAINMENT

Patients have been encouraged to organize their own entertainment in the evenings. A committee was formed, and with the help of the staff and the Princess Elizabeth Hospital Guild "Evening Socials" have proven popular. Volunteer groups provide entertainment, and movies are shown every other week by the Kinsmen of Winnipeg. Wheel chair square dancing to the accompaniment of the patients' own band is also popular.

### LEAVES FOR THE PATIENTS

The patients who are fit to travel short distances are encouraged to go home for week-ends. This breaks the hospital routine and gives the patients an opportunity of re-adjusting themselves slowly to home and outside life conditions.

This report by Dr. Desmarais shows the progress being made in this very important part of the care and treatment of the patients at our hospitals.

### SOCIAL SERVICE DEPARTMENT

The Social Service Department was inaugurated on a full-time basis on October 22, 1953 as a means of giving assistance to the patients to meet social and economic problems arising out of illness, and in planning for discharge to home and/or job. It also helps the patient to work out certain emotional difficulties arising out of illness or complicating its course, and acts as a liaison between the hospital and social agencies in the community which can help the patient either in hospital or upon discharge.

### THE PRINCESS ELIZABETH HOSPITAL GUILD

During 1953 the Princess Elizabeth Hospital Guild continued its splendid service to the patients at the Princess Elizabeth Hospital.

The highlights of the year included nine regular and three executive meetings held; a membership of 110; the Annual Easter Basket Tea held; the visiting committee active every Monday; books and magazines distributed; canteen cart service continued; assistance given kindergarten classes; a committee formed to provide entertainment; surgical dressings made; birthday, Christmas and Easter cards to each patient, and the following donations made: two wheel chairs, six Heddles for weaving, seventy-two flower vases, \$1,000.00 for the purchase of physiotherapy equipment, and the piano tuned and repaired. The annual Christmas party and concert for the patients were held December 17.

**"THE BEACON"**

In December, 1953, Miss M. Shepherd embarked on a staff publication "The Beacon," which is to be published every other month from the nursing office. Appreciation was expressed, in this first edition, to the Massachusetts General Hospital in Boston, and their "M.G.H. World" for being the inspiration for a paper of our own.

Its aims are four-fold:

1. To unite the personnel of our three municipal hospitals in a common bond.
2. To create a better understanding between all of our departments.
3. To keep all personnel posted on what it going on around the hospitals.
4. To tell a little of the history of our hospitals through the years, since no history has ever been written.

Comments and suggestions and assistance are invited for future editions, and "The Beacon" is available to all personnel in all departments in these hospitals.

"The Beacon" is sent to some former members of our staff, to all ministers and church groups who take part in the Sunday services at the hospitals, to all contributors of articles for the church page or throughout the paper, and to all Guilds and groups taking part in any of the activities, and to anyone interested in these hospitals.

In the first edition of "The Beacon", brief excerpts of the history of the hospitals were given from 1911 to 1924, in the first instalment of this article; our aim — (patient-centred care) showing all departments working toward this aim; an article on all of the Christmas plans at our hospitals;

a message from a patient; our Hospital Auxiliaries; news of our affiliating schools, of some of our departments and news of activities around the hospitals; the student nurses' affiliation program from 1914-1951; a resume of the 1953 Polio epidemic; the listing of our church services and letters of appreciation received.

It is hoped that, through future editions of "The Beacon" we can truly "Know Our Hospitals Better."

**1954****TUBERCULOSIS CARE TERMINATES AT THESE HOSPITALS**

Mr. J. McIntyre, administrator, said in his report that a milestone in the progressive battle against Tuberculosis was reached when, in 1954, the Sanatorium Board of Manitoba was able to relieve us of all responsibility in providing accommodation for tuberculosis patients. Due to favorable results of the province-wide campaign against Tuberculosis, a remarkable reduction in occupancy has been experienced in recent years making it possible for Sanatorium Board institutions to handle the full load. Accordingly the King Edward Hospital was evacuated in July and extensive renovations were authorized to fit the building for the care of chronically ill patients. It is anticipated that 135 beds will be made available by September, 1955.

**HYDROTHERAPY POOL PROJECT**

A current project of interest was the fund-raising campaign sponsored by the Fort Garry Kiwanis Club in co-operation with other local service clubs to enable us to build a centre complete with a



OUR KINDERGARTEN CLASS



hydrotherapy pool and other essential physical medicine services adjacent to the Princess Elizabeth Hospital.

### RESIGNATION—DR. J. A. HILDES

A great loss to these institutions was experienced in the resignation of Dr. J. A. Hildes on December 31, to accept a position with the Defence Research Board. Dr. Hildes, in his two and one-half years of service worked energetically and faithfully throughout two epidemic periods which resulted in the recognition of our hospitals as leaders in the field of Polio care in Canada.

### APPOINTMENT—DR. A. J. W. ALCOCK

Dr. A. J. W. Alcock was appointed in an acting capacity to succeed Dr. Hildes as medical director.

### APPRECIATION

Mr. McIntyre expressed appreciation of the sincere and loyal co-operation of every member of our staff. During the year, supervisory and employer-employee management committees were formed, which played a major part in guiding the decisions of our management.

### ANNUAL REPORT OF THE MEDICAL DIRECTOR—IN PART

By contrast to the 1953 report of so many new facilities and a marked preoccupation with the Poliomyelitis epidemic, 1954 has been a year of steady work during which the gains of the previous three years have been consolidated.

Instead of being concerned mainly with infectious diseases, we now deal chiefly with the problems of the long-term chronic diseases in which the restoration and rehabilitation of the physically disabled plays such an important role.

These changes are inevitable and desirable, but they require careful planning and guidance.

### COMMUNICABLE DISEASES DIVISION

This department is under two services—the Poliomyelitis service taking care of acute cases and all bulbo-respirator cases, under the joint charge of Dr. Hildes and Dr. Alcock, and the acute communicable diseases under Dr. Ellen Taylor. The latter division fluctuates a great deal—reaching an ebb of 3 or 4 patients, but toward the end of the year 30 beds were occupied.

All of these communicable diseases are now cared for on the one ward, with a different room for each communicable disease, strict isolation technique taught and carried out, and gowns discarded each time they are worn.

Four wards at the King George Hospital are now occupied by long-term respirator patients. A high incidence of renal Calculi has been a disturbing feature of these cases. Surgical treatment

and large scale preventative measures have been carried out.

In spite of the severe disability of long-term respirator patients, many have shown steady improvement and there are still some in which independence from the respirator may be achieved. This exemplifies the prolonged recovery time in this disease and the slow but definite effects of continued Physiotherapy.

### NURSING DEPARTMENT

In our affiliation program six Schools of Nursing still send their student nurses for affiliation in communicable diseases, for a four-week period.

### LENGTH OF SERVICE

Congratulations on length of service at these Hospitals are extended to the following:

#### Almost 40 years' service:

Miss Annie Mercer (1916), Laundry Dept.  
Our special congratulations and appreciation are extended to Miss Mercer who has given so many years of faithful service to these Hospitals.

#### 35 to 40 years:

Mr. Joe Boychuk (1918), Maintenance Dept.  
Mr. Dan Stackson (1918), Maintenance Dept.  
Mr. Harold Sparrow (1919), Ambulance.  
Dr. Ellen Taylor (1920), Medical.

#### 30 to 35 years:

Mr. Joe Ward (1921), Maintenance Dept.  
Mr. Bob Morris (1922).  
Miss Vera Cockburn (1923), Assistant Superintendent of Nurses.  
Mr. Thomas Kane (1923), Laundry Foreman.

#### 25 to 30 years:

Mr. A. Hardy (1926), Ambulance (plus time in another City Department.)  
Miss Johanna Swanson (1926), Cook.  
Miss Mary Shepherd (1928), Superintendent of Nurses.  
Mr. Thomas Smart (1929), Painter, Maintenance Dept.

#### 20 to 25 years:

Mr. E. Sparrow (1931), Stores Dept.  
Mrs. Catherine McCallum (1931), Switchboard; previously on our staff 1919-1925.  
Mr. Joe Kotterba (1933), Gardener.  
Mr. Eddie Hnatowich (1934), Business Office.  
Mr. George Johnson (1934), Gardener.

#### 15 to 20 years:

Mr. A. Hodgkinson (1936), Asst. Administrator.  
Miss Ivy Hodgkins (1936), Chief Housekeeper.  
Mr. Gordon Buchan (1937), Stores Dept.  
Mr. Peter Young (1938), Maintenance Dept.  
Mr. R. Bonsay (1939), Chief Engineer.  
Mr. Lorne Torack (1939), Maintenance Dept.

**10 to 15 years:**

Mr. John Freeland (1941), Laundry Dept.  
 Mr. J. McIntyre (1942), Administrator (plus time in another City Department).  
 Mrs. Annie McKay (1943), Nursing.  
 Mrs. Armstrong (1943), Nurses' Residence.  
 Mrs. Nina Blyth (1944), Nursing.  
 Miss Irene De Gryse (1944), Business Office.  
 Mrs. Hazel Watkins (1945), Nurses' Residence.

Through putting the names of these staff members, who have served the Hospitals so faithfully and long, into our paper, we hope to further reach out for the aims of our paper, "To unite the personnel of these Hospitals in a common bond, and create a better understanding between departments.

—As published in The Beacon, June 1955.

**"THE BEACON"**

Our staff paper, "The Beacon," has just concluded its first year of publication and included the following: Almost all issues included one page for the Church services and an article by a minister; also news notes of events around the Hospitals, and excerpts of the history of our Hospitals. They also included photographs of the Hospitals and various activities; an article on the kindergarten classes; an article by the teacher, Mrs. A. B. Smith; letters to the Editor; an article by the Princess Elizabeth Guild; one on patients' activities and an article and pictures of the Hospitals during the 1950 flood. There was also an article on the Institute on Polio Nursing and a picture taken of same; one by Dr. Desmarais on Physical Medicine; excerpts from the 1953 annual report; one on the H.M.C.S. Chippawa program; one on our Eskimo patients; an article and pictures of the Canadian Nurses' Association convention at Banff, Alberta; one on the Hydrotherapy project; an article by the Junior Red Cross; one by the Laboratory, and an article by our social worker, on the rehabilitation program.

All of these were aimed at keeping our staff informed of the activities of all departments in our Hospitals, as well as of the association we have with other groups toward our chief aim, that of patient-centred care.

**THE REHABILITATION SERVICES**

The work of the Physiotherapists, Occupational Therapists, Social Workers, Psychologist and the School Teachers, along with the services of the Society for Crippled Children, has resulted in an integrated service for the rehabilitation of the physically disabled. To reach full efficiency, further additions and changes are required, particularly the development of Hydrotherapy facilities in the Hospital and improving the efficiency of providing braces and appliances.

**X-RAY DEPARTMENT**

Due to the excellent work of Miss Briggs and her staff, this department has continued to function smoothly.

**PHARMACY**

With the decline in the volume of work which had been engendered by the Poliomyelitis epidemic, the Pharmacy was able to return to normal operation. Close to 10,000 prescriptions were dispensed. An expansion program has been proposed to further increase the scope of this department.

**PRINCESS ELIZABETH HOSPITAL GUILD**

The past year has been the busiest and most outstanding since the Guild was organized seven years ago.

The Guild is unique in that its principal aim is to bring comfort and cheer to the patients.

During the year they visited the patients every Monday; brought their service carts around twice weekly; provided recreation, including movies twice monthly by the Winnipeg Kinsmen Club; co-operated with the patients' own club, the Merry Menders' Club; assisted with the wheel chair square dancing; provided cards for birthdays, Easter and Christmas; decorated each room for Christmas; provided a Christmas entertainment for all patients; had a special service at the Hospital to mark the World Day of Prayer; provided and repaired afghans for all patients; provided two electric razors, equipment for hairdressing; magazine subscriptions; a P.A. system for their concerts; prismatic glasses, wheel chairs, bedside tables, kindergarten supplies, piano upkeep, and two members of the Guild took charge of the kindergarten classes.

As they said, "We try to bring a little of the outside world into the Hospital. After all, it is the personal touch that counts, and friendship is a greater word than social service."

We are deeply grateful always, for all the Guild has done for the patients.

**1955****EXCERPT FROM THE HOSPITAL COMMISSION REPORT**

Alderman Peter Taraska, chairman of the Hospital Commission, said: "The Hospital Commission, in submitting this report, avails itself of the opportunity to express to your Council, the Commission's thanks for the privilege of directing a utility which ministers to the public's needs in such a direct and personal way. The professional record is one that any city might be proud of, and once again reflects the proper care that has been exercised in the extension of service for this worthy cause."

**EVENTS AND CHANGES IN 1955**

The calendar year 1955 was once again an active one, not due particularly to any eventful influx of patients, but to the work involved in





Miss Barbara Williams (right) during the Institute on Poliomyelitis  
held at these Hospitals



At the Canadian Nurses' Association Convention held at the  
Banff Springs Hotel in 1954



ARCHBISHOP OF CANTERBURY IN WINNIPEG, SEPTEMBER 1954

His Grace, The Most Reverend Geoffrey Francis Fisher, Archbishop of Canterbury,  
with Mrs. Fisher and Mrs. Hardman, visiting Rev. M. Hardman

—PERMISSION REV. HARDMAN, COURTESY MR. HUGH ALLEN, WINNIPEG TRIBUNE



Dr. J. Hildes, Medical Director; Alderman H. V. McKelvey and Alderman P. Taraska, members of the Hospital Commission;  
His Grace, The Archbishop of Canterbury, and His Worship Mayor George Sharpe.



renovating the King Edward Hospital, the renovation of the King George Hospital to provide new administrative quarters, the expansion of the Pharmacy services, the planning and construction of a new Central Supply Room, locker rooms, morgue space, and an Occupational Therapy Workshop.

In addition, the fund-raising program sponsored by the Kiwanis Club of Fort Garry was concluded in September which, with grants in the amount of \$26,700.00 made available by the two governments (Provincial and Federal) realized the sum of \$100,000.00—the tentative cost of erecting a new building to house the Hydrotherapy unit for in-patients and out-patients. This will begin in April 1956 and it is anticipated that completion will be late in the year.

### **NEW TUNNEL COMPLETED**

The tunnel connecting the King George and King Edward Hospitals now permits all three Hospitals to operate as a functional unit.

We now have tunnels connecting all buildings—from the power house to the King George Hospital (the original tunnel); from the King Edward to the power house; the power house to the Nurses' Residence; the Residence to the Princess Elizabeth Hospital; the Princess Elizabeth to the King George Hospital, and now the new tunnel from the King George to the King Edward Hospital.

### **RESPIRATOR SERVICE**

The use of respirators continued at between 35 to 45 patients throughout the year.

### **HOME CARE PROGRAM**

"An important step in the management of these patients was made with the inauguration of the Home Care program. To date 5 respirator patients have been restored in their homes with gratifying results. Although several more are interested in this program, there will remain a large residual group of chronic respirator patients who will require permanent hospital accommodation. The present complement in hospital together with the provision of standby accommodation for participants in the Home Care program and the operation of an acute respirator service, points to a long continuing need for a comprehensive respirator service."

(From report of Dr. Alcock, Medical Director.)

### **CHRONIC DISEASE DIVISION**

The most valuable service a Chronic Disease Division can render to the community is the restoration of the chronically ill to a level of functional activities that will permit restoration to their homes and to gainful employment.

With the increasing number of Poliomyelitis patients who have been successfully processed

through this unit, we have been able to gradually extend its services to a more diversified group of chronically disabled patients. It would appear probable that two recent developments—namely, the affiliation of this institution with the Provincial Rehabilitation Program, and the forthcoming move of the Canadian Arthritis and Rheumatism Society to their new premises in the King Edward Hospital—will further influence the activities of this unit.

But while the rehabilitation of the chronically disabled represents the most important aspect of this service, in actual numbers it is expected to represent only a small portion of the total patient load. The major case load on the chronic wards consists of patients suffering from the physical infirmities attendant upon advanced years. The need of close medical supervision, the presence of complications which precludes home or nursing home management, and the possibility of benefit from Physiotherapy are the usual factors responsible for their admission to this institution.

### **HOSPITAL POLICY**

Plans for a major change in hospital policy were initiated during the year. The chronic disease service, along with the other hospital services, have always operated as a closed hospital. At a meeting of the medical staff it was proposed that the infectious diseases and respirator services will remain as at present under the complete care of the Attending staff; that in the care of chronic diseases, indigent patients will be the responsibility of the Attending Medical staff, and the care of full paying patients may be open to any duly qualified Medical practitioner approved by the Hospital Commission. It is hoped that these changes will be approved and put into effect early in 1956.

### **PRINCESS ELIZABETH HOSPITAL GUILD**

The Princess Elizabeth Hospital Guild had another very active year and continued its regular visits to the patients, service carts, library carts, recreational activities for the patients, reading to the patients, writing letters for them, giving permanents upon request, sending cards to the patients, their usual Christmas activities and the World Day of Prayer plans. They also allocated \$500.00 for education and rehabilitation purposes and set aside \$2,000.00 to be used in furnishing the Hydrotherapy pool building. They donated afghans, two typewriters, three wheel chairs, two new service carts, a supply cupboard, an electric razor and electric clippers, all for the benefit of the patients.

### **APPRECIATION**

Appreciation is extended to all other groups and individuals who have provided gifts, entertainments and visits to the patients, particularly to the Augustine Business Women's Club which has visited the patients at the King Edward Hos-

pital, and provided gifts and entertainment for many years.

### PAPERS READ AND PUBLISHED

Numerous papers by Dr. Hildes, Dr. Alcock, Dr. Taylor, Dr. Desmarais, Dr. Schaberg, Dr. M. Ferguson, Mr. Singleton and others associated with our Hospitals, have been published, and read at meetings in various parts of Canada.

### "THE BEACON"

In 1955 "The Beacon" completed its second year of publication and included pictures and articles of Christmas activities at our Hospitals; the visit of the Archbishop of Canterbury at the King George Hospital; a report on the Princess Elizabeth Guild; news notes; patient activities; letters to the Editor; our Christmas hampers; excerpts from the history of our Hospitals; an article by Miss Goldsmith on the Institute on Geriatric Nursing; an article by Leonard Peto, "Why Did I Get Polio?"; an article on the recent Institute for Nurse Administrators; congratulations for long service at these Hospitals, with one member, Miss Annie Mercer, completing 40 years of service in our laundry department; a Nursing Service Survey, done in May 1955; articles on the Medical Basis of Nursing Care of Acute Poliomyelitis, by Dr. Hildes; and excerpts from the 1954 annual report of the Winnipeg Municipal Hospitals.

### NURSING SERVICE SURVEY

#### Winnipeg Municipal Hospitals, May 1955

A most interesting survey was recently completed at these hospitals by the Nursing Office, to determine the actual activities of the Nursing department during a 24-hour period and including the actual care given each of our 234 patients, 133 of whom are totally helpless.

In this 24-hour period, members of our Nursing staff of Registered Nurses, Licenced Practical Nurses, Nurses' Aides and Orderlies helped with lifting the patients from beds to respirators to rocking beds, standing boards, stretchers and tubs, 1428 times. (712 times at the King George Hospital and 716 times at the Princess Elizabeth Hospital.) We had 184 personnel on duty in the Nursing department the day of the survey—covering 24 hours, and 10 wards.

We had a person placed on every ward to record every activity done by each person on the Nursing staff. Each person, at the completion of an activity, reported same to her, giving the patient's name and the time taken for the activity. Normal activities were carried on during the survey.

A complete record has been made of each ward of every activity done by each person, and every moment of care given to each patient.

This record is proving invaluable for use in planning.

768 hours of actual bedside nursing care were given during this 24-hour period.

153 hours were also spent in making the patients comfortable, apart from a.m., p.m. and evening care. This included answering lights, turning the patients, changing the positions of their limbs—anything done at the bedside.

161 hours were given to the bedside care of patients in the respirators, or when they were moved to rocking beds, wheel chairs, to the tubs, etc.

80 hours were spent giving treatments.

28 hours were spent preparing and giving medications in the three hospitals.

143 hours were spent giving morning care, 54 hours giving afternoon care, and 54 hours of evening bedside care.

76 hours were spent feeding the patients their three meals and lunches between and in the evening and night, since 133 are helpless.

One very ill patient, in hospital almost a year, still requires 19 hours and 38 minutes of actual bedside care in the 24 hours.

Another very ill patient, in hospital almost two years, still requires 13 hours of bedside care.

One other patient requires over 12 hours of care, and five patients still require over 11 hours of nursing care in 24.

Totalling the actual bedside care given to all patients, and the amount of time recorded in other care necessary (including taking the patients to Occupational Therapy, Physiotherapy, serving trays, cleaning, dusting, care of flowers, care of equipment on the wards), we still have periods to cover in which we cannot actually carry on Nursing care (except with very ill patients). These include: while patients are away (approximately an hour) at Physiotherapy; away at Occupational Therapy; away at concerts; while the ward has a one-hour rest period (when possible) for all patients; and during the two hours of visiting periods each day.

Totalling all of the above, we in the Nursing Department are covering 1535 hours of time in the 24 hours, requiring a Nursing staff of 192 personnel on duty each day, plus reliefs to cover for their days off, making a total staff of 269 for the two hospitals (10 wards). This does not allow time off for vacations or statutory holidays.

Our average care, which is very high in the King George Hospital due to almost constant care of some of the very ill patients, has been 8.79 hours per patient each 24 hours.



All of the details of this very large survey are in the Nursing office and available (excluding patients' or staff names) to personnel interested.

## 1956

Mr. Peter Cornes, who for over twenty-five years served on the board of these hospitals, and several years as chairman of the board, passed away January 10 after a long illness. He will be missed here for he took a genuine interest in the hospitals and very frequently visited throughout the wards. We extend our sincere sympathy to Mrs. Cornes and her family.

### NURSES' AFFILIATION PROGRAM

Since affiliation in communicable disease nursing is no longer required in Manitoba, our four-week affiliation program now includes the students of only three Schools of Nursing, namely the Winnipeg General Hospital, Misericordia Hospital, and Victoria Hospital.

### PROGRESS IN 1956

The completion of the renovation program in the King Edward Memorial Hospital made possible an expansion of our chronic disease service by making available 135 additional beds, according to the annual report of our Administrator, Mr. J. McIntyre.

Construction of the Hydrotherapy division of the Department of Physical Medicine is now well advanced and completion may be expected by June. Inflationary trends in construction costs, now so universal, delayed the commencement of this project and a complete revision of the original plans, to build in accordance with the funds on hand only, made a start in construction possible during the latter part of the year.

Another development was the acquisition of a new Device Workshop. Completely equipped to permit the manufacture and repair of device aides for handicapped patients, this department, under the supervision of Mr. John Tetters, and sponsored by the Princess Elizabeth Hospital Guild, has rendered a valuable contribution to the rehabilitation of disabled patients and their eventual discharge from hospital accelerated by making re-training a possibility at a much earlier date.

### HOSPITALS ACCREDITED AGAIN

A re-inspection by the Joint Commission on Accreditation of Hospitals renewed our acceptance as a fully accredited institution, meeting all the standards of service as required by their program.

### NEW HOSPITAL POLICY

Medical policies were completely revised, new regulations developed, and new staff appointments made. The chronic service was changed from the traditional "closed service" where all patients were treated by Hospital Medical staff, to an "open

service" where it is now permissible for full paying patients to have their private doctor provide medical and surgical services.

### BLUE CROSS OR MANITOBA HOSPITAL SERVICE ASSOCIATION

On April 1, 1957, the Manitoba Hospital Service Association has agreed to admit, at full member status, these institutions, for the treatment of the chronically ill. Patients as from that date will be eligible to receive full coverage at Rate Board rates for 31 days, and 80% coverage for an additional 149 days. This culminates seven years of effort to gain this recognition. Previously coverage had been extended on a reduced non-member basis.

### DISASTER PLAN

Effective April 1, 1957, the "disaster plan," under study during 1956, will take effect whereby the Province of Manitoba will assume full cost of long-term illness indefinitely at full Rate Board costs provided a patient, in the prior 12-month period, had accumulated a total of 180 days' care in public hospitals.

The Rate Board referred to is the statutory board appointed by Orders-in-council in 1955 by the Province of Manitoba to establish the statute public ward rates according to services offered by all public hospitals in Manitoba, such rates being designed to return approximate cost in the public or standard ward categories. Our rate for 1956 was \$8.50 per day plus full schedule of extra services as authorized. As from April 1, 1957, the inclusive rate system has been adopted and by this method, \$10.25 per day will be recovered.

### CHRONIC DISEASE SERVICE

With the re-opening of the King Edward Hospital and an additional 135 beds made available to the chronic disease service, we now have a total of 343 beds assigned to the care and treatment of the chronically ill.

### CONTAGIOUS DISEASE SERVICE

Approximately 500 patients were treated during the year, a slight reduction over the previous year. There was an outbreak of Diphtheria which developed in Winnipeg during the latter months of the year.

### REPEAL OF BY-LAW FOR FREE CARE OF CONTAGIOUS DISEASES

The repeal of the by-law on June 18, 1956, providing for the free treatment of City residents in the Municipal Hospitals of certain specific contagious diseases appears to have had no appreciable effect on subsequent admissions to this service. This is probably due to the fact that well over 90% of admissions to this service now consist of patients who are in receipt of public assistance.

## RESPIRATOR SERVICE

During the year, arrangements were made to return an additional 5 long-term respirator patients to their homes. With only 2 new admissions and the death of 3 long-term patients, the case load in this service now stands at 35 patients, 33 of which are Poliomyelitis patients. In addition there were 14 short-term re-admissions for treatment of respiratory complications occurring in respirator and former respirator patients who had been discharged home.

## HOME CARE PROGRAM

The Home Care program for respirator patients has continued to make cautious progress. With the discharge of 5 respirator patients during the year there has now been a total of 11 patients participating in this program. Except for one death occurring in this group the results of this program have otherwise been very gratifying. The growing interest in the program suggests even greater patient participation in the coming year.

## HYDROTHERAPY POOL

A start has been made on the long-awaited Hydrotherapy pool. At a special ceremony held on May 23 the first sod was turned by Mr. Jackson A. Raney, the President of the Kiwanis International. Construction is now well under way and it is expected that the unit will be completed by the early summer. In the meantime, the Naval authorities have very graciously extended the use of their pool at H.M.C.S. Chippawa for hydrotherapy until this new unit is ready to go into use.

## AUGUSTINE BUSINESS WOMEN'S STUDY CLUB

Appreciation is again expressed to this group which has been affiliated for many years with the King Edward Hospital. Every week the members of this Club personally visit the patients and bring magazines to them, and for many years they have provided entertainments at Christmas, Hallowe'en and other special days during the year. At Christmas time each patient receives a lovely parcel from the Augustine Business Women's Club, and everything is greatly appreciated.

## PRINCESS ELIZABETH HOSPITAL GUILD

This Guild has continued its personal visits to the patients and an excerpt from their annual report says: "Our activities are centred mainly on friendly personal services for the morale and comfort of the chronically ill. In providing these services we hope we may bring something of the outside world within the Hospital walls . . . a sense of belonging, the feeling of not being alone and that there is someone who cares."

Their services have steadily increased and this year their activities have included the King George and the King Edward Hospitals.

Nine monthly meetings were held, Mrs. G. C. Waight presiding.

Among their many activities, they donated several pieces of equipment for the new workshop for the rehabilitation of handicapped persons; and three wheel chairs for the King Edward Hospital, as well as providing for the needs and comforts of the patients.

## ZONTA CLUB OF WINNIPEG

The Zonta Club of Winnipeg has also been closely associated with our Hospitals, and has done much to help the chronically ill patients at the King Edward Hospital as well as making personal visits to the patients. The Zonta Club presented a large television set, a portable television set, 4 radios, 5 wheel chairs, as well as games, magazines and gifts to the patients, all of which have been deeply appreciated.

## PAPERS READ AND PUBLISHED BY STAFF MEMBERS

Twenty-two papers have been read and published by staff members. These included: Drs. J. A. Hildes, A. J. W. Alcock, J. R. Taylor, J. B. Armstrong, M. H. L. Desmarais, S. Israels, A. C. Wallace, J. B. Morrison, M. H. Ferguson, A. Naimark, and J. A. MacDonell.

## "THE BEACON"

Our staff paper, "The Beacon," completed its fourth year of publication in 1956, and articles included the following: Church services for 1956; "Christmas at Our Hospitals"; "These I Remember," an article by a patient; News notes; Poliomyelitis Care—Nursing Care of Respirator Patients; the annual report of the Princess Elizabeth Hospital Guild; Our Christmas Hampers; an article from the Physiotherapy Department; "Changes in Our Hospitals Through the Years"; "The 1955 Polio Epidemic in Boston"; "The Augustine Business Women's Study Group"; "Our New Central Supply Room"; "The Annual Report of Our Nursing Department"; "The Hurt Mind," courtesy of Miss Beatrice Brigden; "What Every Community Should Know," an article on mental health; "Another Visit from Miss Barbara Williams," consultant in Poliomyelitis and Orthopedics; "Chronic Disease in the Aged," by Edward E. Gordon, M.D., from the August 1956 "Trustee."

And so our staff magazine, published from the nursing office, strives to help others to know our hospitals better.

## 1957

Our Winnipeg Municipal Hospitals are fully accredited by the Joint Commission on accreditation of hospitals and they are also members of:



- The Associated Hospitals of Manitoba
- The Manitoba Hospital Service Association
- The Greater Winnipeg Regional Hospital Council
- The Welfare Council of Winnipeg
- The American Hospital Association

## REPORT OF THE HOSPITAL COMMISSION

Mr. Douglas L. Cameron, chairman of the Hospital Commission stated in his report, "We would not wish to submit this report without testifying to the capable manner in which the work of our three hospitals has been carried out during the year by members of the staff, nor must we fail to record our deep and sincere appreciation of the sympathetic support accorded us by each member of your council which has made the work pleasant to ourselves and, we believe, beneficial to the citizens."

## OCCUPANCY

During 1957 occupancy was maintained at a high level in the Princess Elizabeth Hospital and the King Edward Hospital due to the continued demand for beds for the chronically ill. Throughout the year 85.5% of available beds were occupied.

## DAILY COSTS

It is interesting to note the variation in the daily cost of \$23.46 for the care of respirator post-poliomyelitis and communicable disease patients and \$11.51 for chronic diseases. This seemingly excessive cost of care in the respirator and communicable service is due, in part, to the requirements to be met in that one respirator or rocking bed patient needs space that would normally provide for the setting up of two standard beds. The communicable disease service has its operating disadvantages too, in that the uncertainty of occupancy is responsible for the excessive cost, as a healthy community has only periodic demands for such beds.

## FUTURE PLANS

Plans are underway to completely remodernize the King George Hospital, with one ward completed this year to train prospective discharges in the problems of their personal care in daily living at home. Bathrooms and ward services, furnished and equipped in homelike atmosphere, will accustom patients to their home environment, without the readjustment after discharge from hospital. This is a part of our long-range plan to eventually develop a complete rehabilitation program; a plan that now includes a very satisfactory hydrotherapy service opened early in October.

## "TEAMWORK"

We are most fortunate in that it is our pleasure to work in surroundings in which an atmosphere of

harmony exists between professional and non-professional staff. To make all employees aware of the problems faced in our day-to-day responsibilities, our Labour-Management Co-operation Committee convened nine meetings in 1957 at which time representatives appointed by the various departments, professional and non-professional, gathered to discuss ways and means to more effectively and economically provide better care for our patients.

## CHANGES IN THE CHRONIC DISEASE SERVICE

In April, 1957, the third floor of the King Edward Hospital was opened, making 35 more beds available for patients with chronic illnesses.

One of the Poliomyelitis wards at the King George Hospital was gradually changed over to the care of selected patients suffering from various physical disabilities who require an intensive and comprehensive rehabilitation program.

At the Princess Elizabeth Hospital eight beds were taken out of service to provide a much-needed sitting room for the patients on each of the two first floor wings.

## FUTURE POLICY

Present indications are that a comprehensive hospitalization program will be put into effect within the year. There is every prospect that such a program will be accompanied by an overwhelming demand for hospital beds and particularly so for patients requiring long-term hospital care.

Working on this assumption, this would appear to be a propitious time to consider what further changes in policy might be initiated with respect to patient care in order that we may provide a service which is capable of being effectively integrated into such a hospitalization program.

At least 75% of patients referred to the Chronic Disease Service are transferred directly from the wards of the general hospitals. Almost all the remaining patients come from private homes and nursing homes. There can be little doubt that this service will be expected to play an even more active role in relieving the acute hospitals of their chronically ill patients.

## ACUTE CONTAGIOUS DISEASE SERVICE

The threat of an influenza epidemic during the year caused concern at one point over a possible shortage of hospital accommodation that might result. Although several hundred cases were reported throughout the province during the fall of the year, the total number admitted to this service for the entire year was 21.

For several years now, empty beds have been maintained in the King George Hospital as stand-by accommodation for contagious diseases. During the year the operation of this service was reviewed at a meeting of the various City health and hospital authorities which was convened by the

Medical Health Officer, Dr. R. G. Cadham. Taking into account existing facilities in the St. Boniface and Children's Hospitals, as well as the steady decline in the incidence of infectious disease and our operating experience during recent years, it was recommended that a single ward of 25 beds would provide an adequate reserve to meet the current demand.

On the basis of this recommendation, arrangements are being made to utilize the existing vacant flats to further extend the Chronic Disease Service.

### RESPIRATOR SERVICE

No new acute respirator patients were admitted during the year and only 5 new Poliomyelitis patients received treatment for paralysis, 2 from outside the province. An additional 8 respirator patients were discharged during the year through participation in the Home Care Program. This program has been directly responsible for the discharge of 22 patients since it was first put into operation in January, 1955. To date 2 deaths have occurred in this group.

In order to successfully operate a program such as this, it has been necessary to maintain an active stand-by service to permit immediate re-admission of any of these patients, should the need arise. There were 38 re-admissions of patients participating in this program — in most instances for treatment of acute respiratory infections.

There is a need of an adequate and reliable standby electric service. Since the Poliomyelitis epidemic of 1952, not a year has gone by in which there has not been an interruption of electric services of such duration that manual operation of respirators has had to be employed for the more seriously paralyzed patients. This has occurred in spite of various measures taken over the past five years to provide alternative sources of power to the respirator wards. Although we have been on the verge of disaster on more than one occasion, we have been most fortunate in that there has been no loss of life among the respirator patients as a result of power failure. This is due only to the prompt and vigilant action of members of the nursing staff who must be commended for this achievement.

### PHYSICAL MEDICINE DEPARTMENT

The main achievement associated with this department has been the construction of the hydrotherapy pool which was officially opened on October 3, 1957. This unit has provided a renewed interest in hydrotherapy and, being as it is on the hospital premises, it is now possible to include many of the more seriously disabled patients who had previously been denied access to this form of therapy.

There has been a gradual increase in the outpatients treated, a decrease in the load of Polio-

myelitis patients, and more time devoted in attempting to restore functional activity to patients referred for treatment on the Chronic Disease service.

An important development associated with this department has been the creation of a paraplegic service. This service is housed on the rehabilitation ward under the supervision of Dr. Desmarais.

### MEDICAL STAFF

Early in the year arrangements were completed for the re-organization of the Medical Staff along the lines recommended by the Joint Commission on Hospital Accreditation.

Meetings and staff conferences were held and new Medical Staff By-laws, Rules and Regulations were drawn up and duly adopted and approved by the commission.

During the year 21 new appointments were made to the consulting staff to replace retiring members and correct previous deficiencies in consulting services. To the Courtesy Staff, which was formed early in the year, there have been 152 appointments.

Dr. A. T. Mathers is among the members of the Honorary Medical Staff. During the course of his distinguished medical career he was assistant medical superintendent of this institution from 1914-16.

### ANNUAL REPORT OF THE PRINCESS ELIZABETH HOSPITAL GUILD

The activities of the 153 members of the Princess Elizabeth Hospital Guild includes approximately 3,000 member visits to the patients during the year; library books distributed; regular visits with the Service Carts; 37 Bingo parties; movies every other week; 22 variety concerts; 7 band concerts, and 12 outings for patients able to leave the hospitals; greeting cards sent; 94 afghans and 23 shoulder shawls distributed; over 13,000 surgical dressings made and comfort funds set up in all three hospitals.

Two educational classes, Art and Commercial, were set up by the Guild and some supplies purchased. Two Seven-Up machines were installed and a record player and loud speaker provided.

A Christmas party was planned for the patients and a presentation of \$2,005.00 was made by the Guild for furnishings and equipment for the Hydrotherapy unit. \$700.00 was donated for hospital equipment used in the care of the patients, a paraplegic wheel chair was provided; and \$1,211.05 was spent in furnishing the two sitting rooms for the patients. All of which was deeply and gratefully appreciated.

### CHURCH SERVICES

Simultaneous services have continued each Sunday throughout the year in the King Edward



and in the Princess Elizabeth Hospitals by ministers and groups from many churches.

Transportation is provided to and from these churches for all patients able to attend, by the A.O.T.S. (As One That Serves) men's groups alternating each month from various churches, with every United church in Winnipeg taking part in this very worthwhile project.

## ACKNOWLEDGEMENTS

In all annual reports of these hospitals are lists of many names of individuals and organizations who have provided gifts, comforts, flowers, equipment and entertainment, and to these people go our grateful and very sincere thanks.

## "THE BEACON"

In October 1957, the Beacon completed its fifth year of publication.

On Christmas Day, 1956, we had a very special visitor, Miss Mary Jackson who, at the age of 5 years was the first patient admitted at the King George Hospital in 1914 and who came back to visit us for the first time 43 years later. Miss Jackson is a sister-in-law of Mr. Hurlburt, who has visited our hospitals every Christmas for 31 years as Santa Claus.

We were delighted to have Miss Jackson who brought along a book "Little Women" which was presented to her by the Hospital Commission at that time. The book was inscribed "To Miss Mary Jackson from the Hospital Commission of the City of Winnipeg. Miss Jackson was the first patient admitted into the King George Hospital on February 27, 1914", signed at the Municipal Hospitals on April 21, 1914.

Our entire orientation program for all Registered Nurses, Licenced Practical Nurses, Nurses' Aides and Orderlies was revised this year.

Again the annual report of the Princess Elizabeth Hospital Guild was published in the Beacon.

The Beacon is now provided to all personnel in all departments of our hospitals, sent to the members of the Hospital Commission, His Worship the Mayor and members of the city council, to all ministers and church groups providing services or sending messages for the church page of the Beacon, to all advertisers, to some former staff members, to all who contribute articles for any particular edition, to members of the Guilds and Auxiliaries, and to others interested in our hospitals.

Appreciation is extended to the Lions Club of Winnipeg for the many times they so kindly provided transportation for the patients during the year.

Other articles in the Beacon included "Care of the Patient with Chronic Illnesses," "Excerpts from

our Annual Reports." "The Upper Midwest Conference," by Mrs. F. Dyck. "The Summer Service Program" provided by the Mennonite Central Committee. An article on "The Salk Vaccine" by Miss M. Robbins, a student nurse from Misericordia Hospital. "A Case of Stevens-Johnson's Disease of Unusual Severity" by Dr. Ellen Taylor. "The Gift of Nursing" by Judith Reese, a student nurse in Elmira, New York, and "Come Walk With Me" by a student nurse in Mercy Hospital, Buffalo, New York, both published by kind permission of the authors and the Davis Nursing Survey. An article on "Immunization" by Miss M. Dunster, a student nurse from Victoria Hospital in Winnipeg, and an article on "Rabies" by Miss S. Haslen, a student nurse at the Winnipeg General Hospital.

Thus the Beacon has continued to keep the staff informed of all activities and plans throughout the three hospitals as well as being a means of conveying messages and articles of general interest, particularly those which help us to be more understanding of our patients as we all aim toward our goal of giving the very best possible care to them.

The King Edward Hospital, which re-opened its doors to its first five patients on January 24, 1956, is beautifully redecorated in pastel colors throughout its wards, offices, service rooms and corridors, and is newly furnished throughout two of its three wards.

## RECORD SNOWFALL

Winnipeg finally broke its seventy-four year record for snowfall on March 28, 1956, when the amount for the entire winter reached 98.4 inches. Back in 1881-82, 98 inches of snow had fallen during that winter. We will not forget the huge snowdrifts down the centre of Portage and Broadway Avenues, and along the boulevards of many other streets, making it impossible for motorists to see approaching cars until after they had passed the drifts.

## SUMMER SERVICE PROGRAM

We would like to express our gratitude to the Mennonite Central Committee for making it possible for our Hospitals to take part in their Summer Service for Christian Young People.

It is a program especially designed for students, particularly those in preparation for the ministry, teaching, or other professions where they work with people, and is a Christian service which, at the same time provides summer employment.

This is the first year that our hospitals have taken part in this plan, and we are deeply appreciative of the work done by the 12 workers who came to us. One was a Registered Nurse, 2 were Practical Nurses, and the others worked as Nurses' Aides.

Once during their time with us the staff at their headquarters planned a one-day outing at Clear Lake where members went from all hospitals in the area and enjoyed fellowship together.

Another evening the group planned to tour the hospital corridors, singing for the patients. Such activities are enjoyed and appreciated very much by the patients.

The group has resided in the Mennonite Bible College Residence and have held regular meetings of all members.

The activities of the group centre around faith, fellowship and service, and newsletters from the various units go in to their headquarters.

Members of the group were given the complete orientation as given to all other new members of our staff with brief orientations given to trained staff, and a concentrated orientation period of one week to all Nurses' Aides.

Group members are encouraged to share their experiences, on their return to their homes, with church groups or at their schools, so that others may learn of the work they are doing, and so their activities will grow and expand.

We hope to join in this summer service plan again next year during vacation periods, and have already made arrangements with their headquarters regarding same.

## RETIREMENTS — 1957

We extend our sincere congratulation and good wishes to the following staff who have retired after many years of faithful service at these Hospitals:

Mr. Arthur Hardy, formerly of our Ambulance staff and recently of our Maintenance Department, who came to these Hospitals July 1, 1919, and retired October 15, 1957.

Mr. Dan Stackson, also of the Maintenance Department, who came April 9, 1918, and retired October 23, 1957.

Mr. Harold Sparrow, our Ambulance driver, who came on staff November 10, 1919, and who is due to retire December 15, 1957.

Our genuine appreciation and good wishes are extended to each of these retiring members who have been with us over 38 years each.

We were greatly interested to hear that one of our recent affiliating student nurses, Miss Patricia Randall, was the granddaughter of Mr. John Calmes who, for many years was gardener at these Hospitals and who retired in 1934 after 20 years' service.

Classes in the emergency pumping of respirators have continued through the summer. These demonstrations have again proven invaluable when we again had a power failure during a storm.

Fortunately, due to our emergency power unit, it was of brief duration for the King George Hospital that night, July 16, but the other two hospitals and all of our buildings were in total darkness for almost three hours, and all nursing care had to be given with the aid of Husky lanterns and flashlights.

The greenhouse staff, under Mr. Dave Donaldson, is busy preparing for the Christmas season with a greenhouse full of Poinsettias, Jerusalem Cherries and other lovely plants and cut flowers, as well as those being grown for transplanting next year to our spacious grounds. Mr. Donaldson never forgets to leave a plant or some cut flowers each weekend for the Church service in the Auditorium. These flowers are then given to one of the patients.

May we also extend a special thank you to Mr. Hurlburt who, for the 31st year, acted as our Santa on Christmas morning. Mr. Hurlburt has been a wonderful visitor for the patients each time he has come.

It was also the 31st year for St. Alban's choir and we send a special thank you to Canon F. Hughes and the choir for coming year after year to sing carols on Christmas morning and to provide a Christmas service.

Another special thank you is extended to the T. Eaton Company for providing gifts for all patients in our hospitals as it has done for so many years, and we appreciated having a member of Eaton's staff attend Santa on his rounds.

It is interesting to note that over seventy volunteers are assisting in the Hydrotherapy pool each week. These volunteers include six members of the Winnipeg Police Department, eight soldiers from Fort Osborne Barracks, and fifty-six Red Cross volunteers. They are doing a very real service to our patients and they are deeply appreciated.

We are quite frequently asked how many patients are still using respirators at these Hospitals. Seven patients are still in respirators full time and twenty-four patients are using respirators part time.

## LONG-SERVICE AWARDS

On February 17, 1958, eleven members of our Winnipeg Municipal Hospitals' staff received long-service awards for having completed twenty-five or more years of service with the City of Winnipeg.

A small gold pin, or lapel button, accompanied by a letter of appreciation from His Worship Mayor Stephen Juba, was presented to each person. This recognition of service was deeply appreciated.

Those receiving the awards (showing years of service completed at that time) were:

Mr. Joe Boychuk (39)

Mr. Joe Ward (36)

Miss Vera Cockburn (34)

Mr. Dave Donaldson (33)

Miss Johanna Swanson (31)



Miss Mary Shepherd (29)  
 Mr. Edward Zoehner (28)  
 Mr. Thomas Smart (28)  
 Mrs. Catherine McCallum (27)  
 Mr. John McIntyre (27)  
 Mr. Edward Sparrow (26)

### **NURSING CARE SURVEY, WINNIPEG MUNICIPAL HOSPITALS**

During the past 64-week period a survey has been made weekly as to the number of hours of care provided on each ward per patient, each 24 hours.

On the wards for chronically ill patients the average has been 4.19 hours per patient, with 1.51 hours given by Registered and Licenced Practical Nurses, and 2.68 by Nurses' Aides and Orderlies.

Our one Communicable Ward has varied a great deal in number of patients and so a survey was difficult. All nursing care was given by Registered Nurses, and Student Nurses affiliating at these Hospitals.

The hours of care on the Poliomyelitis Wards have been considerably higher than on the Chronically ill Wards. On Ward B, where considerable detailed and emergency care is still required five years after many of the patients were admitted, the care has averaged 11.24 hours per patient each 24 hours, with 4.18 of these hours given by trained personnel.

On Ward F, also a ward of Poliomyelitis patients, the average hours of care provided has been 7.52 hours per patient each 24 hours, with 2.83 hours given by trained personnel.

Ward E began as a ward for Poliomyelitis, then chronically ill patients, and is now a rehabilitation ward. Because of the changes made in the type of patients, its hours of care over the 64-week period are somewhat higher than what they are at present. Over the entire period they averaged 5.29 hours of care, with 1.88 hours given by trained personnel.

With so very many helpless in all three of our Hospitals, it is requiring a great deal of nursing care in almost all areas.

Since very few statistics are available for this type of hospital it is difficult to compare ours with hours of care provided elsewhere.

If such statistics are available we would be very interested in knowing of them.

In the meanwhile our hours of care are set up using the hours based on those provided in Orthopedic Wards in many general hospitals, namely 4 to 5 hours per patient per 24 hours.

In our Nursing department we did a very brief survey on January 29, 1958, and found out that of our 382 patients in our three Hospitals that day 317 were on the Chronically ill wards, 46 on the post-Poliomyelitis wards and 19 were Communic-

able diseases. Of this number of patients, 267 are helpless, 166 are involuntary, 180 require much care and 158 take much time in their care.

With 267 helpless patients, we have to give a great deal of care since none of these patients can help in any way, nor feed themselves. They also require a great deal of lifting as all but the very ill patients are placed in wheel chairs at least once or twice daily. Although many of these patients require so very much nursing care and take much time, sometimes requiring two or more people helping, all of them get the very best possible care, and so we get much satisfaction in knowing that they receive this care and are kept comfortable. We greatly appreciate the endless kindnesses of our staff to these patients as they chat to them while giving their care, as though they were one of their own.

In all three Hospitals we appreciate the excellent care being given in our Nursing department by every Registered Nurse, Licenced Practical Nurse, Nurses' Aide and Orderly, our Nursing staff, and we appreciate every kindly act to the patients more than words can express.

Many of the patients cannot express their appreciation but we have the great satisfaction of knowing they are well cared for at all times.

Our Nursing staff is covering:

- (a) At the Princess Elizabeth—Six wards on days, evenings and nights; the Nursing Supervisors on days, evenings and nights, and the front enquiry desk on days and evenings;
- (b) At the King George—Five wards (at present) on days, evenings and nights; the Nursing Supervisors on days, evenings and nights; the Operating Room and Admitting Room, and the transport team on days;
- (c) At the King Edward—Three wards on days, evenings and nights; the Nursing Supervisors on days, evenings and nights; and the transport team;
- (d) The Nursing Administration, the Student Nurses' teaching program; the Nurses' Aides on-the-job teaching program; and the Orderlies' on-the-job teaching program.

In all, our Nursing staff is covering 62 areas or shifts each 24-hour day.

## *An Era Ends*

### **THE "TEMPORARY HOSPITAL" CLOSES**

After serving these hospitals for forty-five years, our first building, erected in 1911, has closed its doors.

The "Annex" has served many purposes, first as a temporary hospital for Tuberculosis, then as a Scarlet Fever hospital, then as a Nurses' Residence, then a Smallpox Annex, and finally as the

Business Office, until December 28, 1955, when the Business Office moved to its new quarters on Ward A in the King George Hospital.

Miss Elsie Robertson, former Superintendent of Nurses at these Hospitals, and now living in retirement in Victoria, B.C., recalls the first days of the Annex in a recent letter.

"It was in the year 1908 that it was decided by a Board of Hospital Commissioners numbering three, that a temporary building was necessary for the care of Pulmonary Tuberculosis. This went into operation in 1911 when the first building of our Winnipeg Municipal Hospitals came into being. The first patient was admitted in 1911 in this temporary structure until the King Edward Hospital was constructed in 1912. At this time the Duke of Connaught officially opened the King Edward Hospital and laid the cornerstone for the King George Hospital which was, in turn, opened for occupancy in 1914. Meanwhile, the opening of the King Edward Hospital released the temporary unit ("The Annex") for the housing of the Nursing and Domestic staff. The Annex was completely prepared for this purpose but had to be used for an epidemic of Scarlet Fever which, at the time, was taxing the Beath Hospital on Bannatyne Avenue, to its limit. It remained as a Scarlet Fever unit until well into the summer. Finally, in 1914, it became the official Nurses' Residence (until the present one was built in 1922). It was with mixed feelings that I learned that soon the old building might be torn down. It has stood the test of many changes and deserved to celebrate its 'Golden Jubilee'.

Recalling my introduction to the old place back in February, 1913, I found working conditions much different to that of today. Yet, looking back

over many years, I can honestly say I enjoyed my work and would not have missed the experience.

In the basement were located the main kitchen, pantry, store rooms, and sleeping accommodation for the Domestic staff. For the Nurses' use, two rooms at the top of the stairs were reserved, and on the other side was a room for the Supervisor. All other rooms, at first, were reserved for patients. Later, early in 1914, it became the official Nurses' Residence.

I have many memories of the home life we enjoyed. We were happy. Although living under crowded conditions we were not too much concerned for we were young.

In 1922 we bade farewell to the old home—a fine new up-to-date residence taking its place—but I well remember how some of us felt when moving day arrived. The new Residence seemed so large and formal—we longed for the old atmosphere.

The Business Office at that time occupied what is now the waiting room in the King George Hospital, and was moved into the lower front rooms of the Annex, and the remaining rooms upstairs and down were taken over for patients with Smallpox, the first patients admitted in 1922.

(Editor's Note: The last case of Smallpox was admitted in 1931.)

I believe that the records on file will provide a good account of the usefulness of the old place—thanks to the late Mr. George Stoker who managed the Business Department so well from the year 1911 until he retired due to illness in 1942.

My memories hold many treasures, not the least of which were the life-long friendships made in the old Residence."

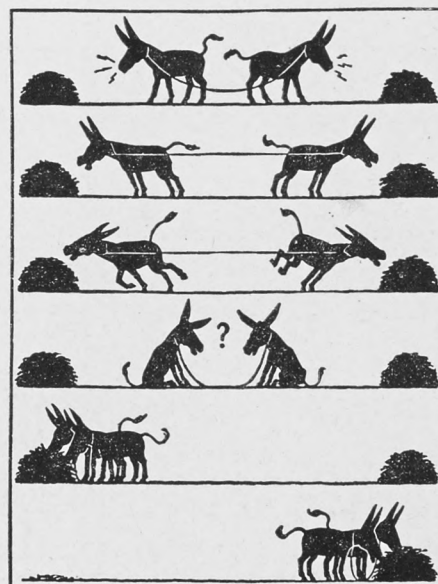


*Our Aim —*

*Patient Centred Care*

How To Reach Our Aim —

**TEAMWORK**



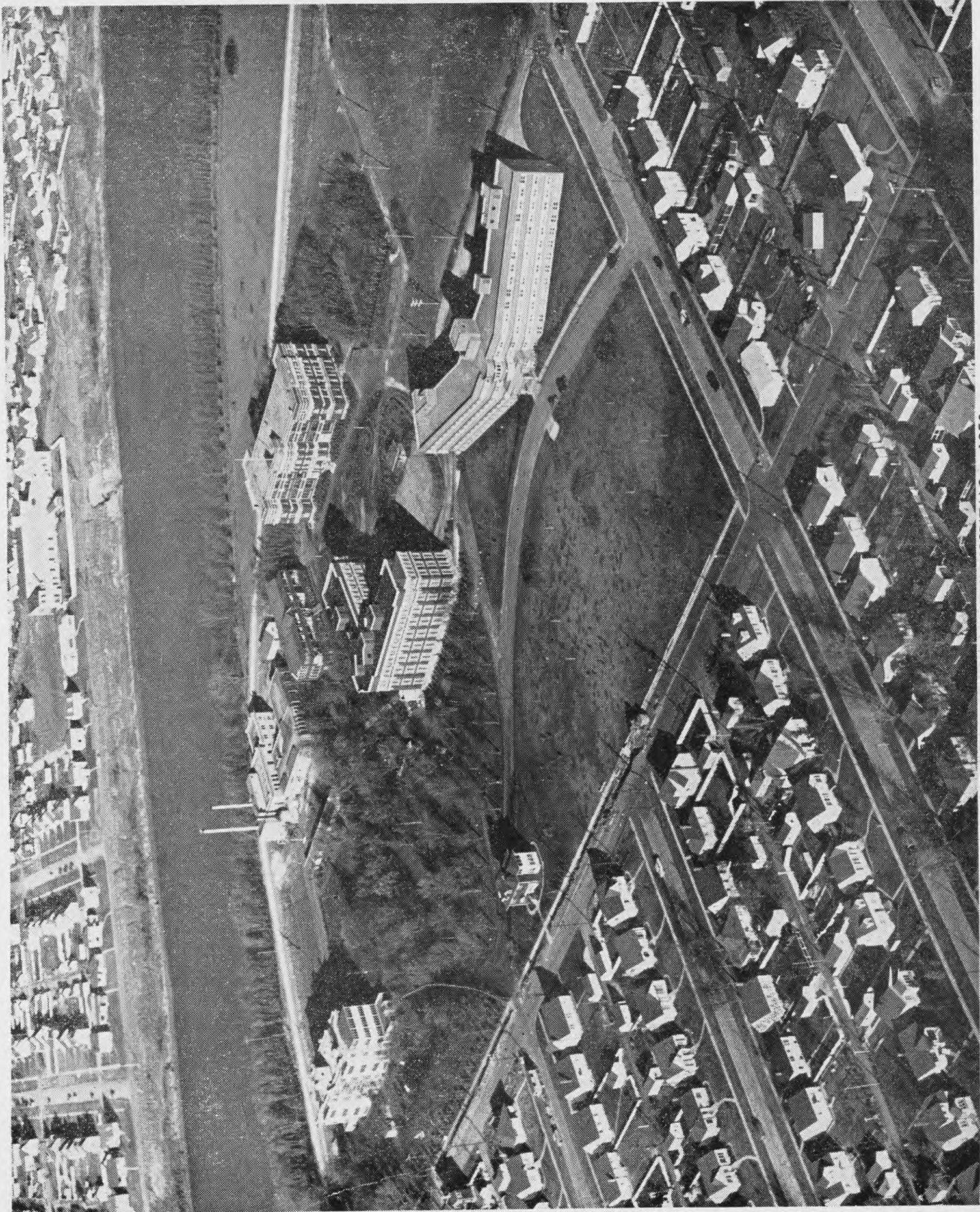




WINNIPEG'S PORTAGE AVENUE — TODAY

—COURTESY MR. GEORGE WAUCHOPE, PHOTOGRAPHER, AND THE WINNIPEG FREE PRESS





THE WINNIPEG MUNICIPAL HOSPITALS — 1958

- King Edward Memorial Hospital
- King George Hospital
- Doctors' Residence
- Power House
- Temporary Hospital
- Princess Elizabeth Hospital
- Nurses' Residence
- Red River in background



Year	PATIENTS ADMITTED IN OUR HOSPITALS			DAILY AVERAGE NUMBER OF PATIENTS			TOTAL NUMBER OF PATIENTS IN HOSPITAL IN ANY ONE DAY		
	Yearly Total Communicable Diseases	Yearly Total Tuberculosis	Yearly Total Chronically Ill	Days Treatment	Yearly Total Communicable	Yearly Total Tuberculosis	Yearly Total Chronically Ill	Highest Number	Lowest Number
1912	458(22)	161(53)	...	37,159	91.2	44.7	...	T.B. 53	T.B. 31
1913	555	169(71)	...	S.F. 3,349			...	S.F.	S.F.
1914			...	T.B. 17,710			...	K.E. 38	K.E. 38
			...	K.G. 5,122			...		
1915	870	234(91)	...	53,792	78	69	...	214	61
1916	1,188	181(82)	...	64,200	96	79	...	230	111
1917	1,891(85)	188(68)	...	78,401	142	73	...	274	133
1918	1,649(64)	180(70)	...	79,374	139	78	...	292	146
1919	2,864(202)	231(93)	...	95,502	265	81	...	291	164
1920 (Jan.-Apr.)	2,386(106)	153	...	104,348	215	71	...	487	164
1920 (Apr.-Dec.)	1,871(81)	77(64)	...	74,426			...	458	136
1921	2,139(81)	129(46)	...	92,372	211	63	...	...	...
1922	2,247(62)	144(51)	...	88,487	192	70	...	354	167
1923	2,344(62)	158(55)	...	88,499	171	74	...	365	157
1924	1,748(44)	111	...	75,982	136	75	...	345	141
1925	1,753(47)	152(57)	...	76,124	128	85	...	276	129
1926	2,065(44)	176(49)	...	83,534	137	89	...	283	108
1927	1,769(48)	155(38)	...	86,410	130	109	...	306	140
1928	2,135(50)	143(44)	...	91,669	150	111	...	283	171
1929	1,878(66)	163(40)	...	85,701	123	116	...	318	188
1930	1,308(40)	183(56)	...	74,884	79	126	...	315	168
1931	1,462(29)	132(34)	...	74,863	82	124	...	258	156
1932	1,141(22)	102(27)	...	63,140	70	103	...	306	146
1933	946(16)	94(28)	...	58,385	60	100	...	274	126
1934	1,367(27)	87(36)	...	63,481	87	86	...	190	122
1935	1,435(21)	66(22)	...	57,081	78	79	...	282	109
1936	3,067(48)	98(27)	...	98,200	177	91	...	250	100
1937	1,668(32)	96(28)	...	70,323	93	100	...	332	151
1938	1,111(26)	135(23)	...	62,423	64	107	...	273	141
1939	1,046(16)	148(34)	...	67,343	58	126	...	262	133
1940	2,040(27)	161(31)	...	78,871	84	131	...	249	137
1941	2,637(54)	182(37)	...	80,689	87	134	...	319	154
1942	3,001(20)	152(37)	...	92,567	130	124	...	345	169
1943	2,917(33)	176(33)	...	102,396	141	140	...	394	147
1944	2,660(22)	136(31)	...	89,195	132	113	...	372	186
1945	1,446(14)	157(25)	...	66,356	67	115	...	387	145
1946	1,416(15)	191(38)	...	76,671	53.6	156.4	...	213	144
1947	1,486(24)	149(39)	...	75,746	52	156	...	238	168
1948	902(10)	137(28)	...	65,412	32	147	...	261	136
								207	119

1949	.....	947(7)	156(21)	.....	73,307	45	156	.....	232	181
1950	.....	623(2)	230(20)	.....	61,844	44.8	124.2	.....	223	57
1951	.....	1,232(8)	181(22)	.....	94,943	40	131	90	316	193
1952	.....	937(10)	176(15)	.....	100,900	33	110	133	316	232
1953	.....	2,048(87)	145(11)	.....	137,365	110	94	172	505	261
1954	.....	570(5)	36(6)	.....	111,538	90	41	174	433	217
1955	.....	578(8)	.....	.....	88,433	67	.....	179	270	224
1956	.....	520(10)	.....	.....	112,134	65	.....	242	361	247
1957	.....	Comm. 352(7)	.....	.....	129,883	48	.....	309	376	345
	.....	Polio 66	.....	.....						

NOTE—Figures in parentheses denote number of deaths.



## COMPARATIVE STATISTICS—VARIOUS COMMUNICABLE DISEASES IN THESE HOSPITALS

Comparative statistics showing the number of patients cared for at these Hospitals each year, taking only 12 of the more common or more interesting of the diseases. The figures in brackets after each indicate the number of deaths occurring in Hospital that year from each particular disease. It is interesting to note the marked reduction in both the death rate and the prevalence of the various diseases.

	Diphtheria	Scarlet Fever	Measles	Erysipelas	Meningitis	Mumps	Whooping Cough	Small-Pox	Chicken-Pox	Leprosy	Influenza	Polio-myelitis	Miscel. Diseases	Gross Death Rate %	Death Rate After 36 Hours %
1912.....														4.56	3.37
1913.....														2.90	.....
1914.....		458(22)													
1915.....	335(33)	268(10)	235 (8)	4(0)	2(2)	2(0)	2(0)	.....	9(0)	1(0)	7(0)		82(5)		
1916.....	512(31)	174 (2)	284(14)	15(1)	8(6)	22(0)	23(3)	.....	40(0)	1(0)	4(0)		86(8)		
1917.....	845(40)	273(10)	287(11)	15(3)	6(0)	50(1)	35(6)	.....	61(0)	.....	4(0)	13(0)	93(8)	4.49	3.01
1918.....	1,176(51)	107 (2)	93 (1)	45(1)	5(3)	20(0)	5(2)	.....	22(1)	.....	.....	3(1)	58(0)	3.88	2.49
1919.....	698(36)	172(11)	169 (4)	26(0)	5(2)	3(0)	8(1)	.....	28(0)	.....	2,294(254)	1(0)	85(13)	9.08	3.68
1920.....	680(31)	1,282(49)	100 (2)	15(2)	1(1)	3(0)	20(5)	.....	8(0)	.....	.....	1(0)	130(7)	4.44	3.35
1920.....	558(44)	1,089(27)	104 (3)	4(0)	.....	.....	2(0)	.....	1(0)	.....	116(8)	13(3)	80(3)	4.33	2.56
1921.....	792(40)	927(25)	23 (0)	29(3)	1(1)	138(0)	9(2)	4(0)	24(0)	1(0)	1(0)	1(0)	165(7)	3.78	2.34
1922.....	975(37)	605 (9)	141 (2)	57(0)	1(1)	29(0)	44(4)	71(0)	15(0)	3(2)	41(3)	.....	257(7)	2.76	1.91
1923.....	896(24)	517 (9)	335 (2)	29(2)	3(3)	7(0)	16(0)	110(1)	25(1)	.....	22(0)	.....	225(9)	2.65	1.84
1924.....	606(19)	370 (7)	125 (3)	35(1)	3(3)	2(0)	36(0)	125(0)	47(0)	.....	24(0)	1(0)	204(10)	2.52	1.83
1925.....	370(20)	474 (7)	370 (8)	27(1)	1(1)	10(0)	30(5)	41(0)	68(0)	.....	30(1)	.....	234(5)	2.68	1.88
1926.....	410(15)	433 (8)	405 (7)	55(4)	.....	215(0)	40(0)	45(2)	27(0)	.....	65(0)	.....	381(8)	2.13	1.21
1927.....	394(31)	639 (3)	83 (2)	62(2)	.....	8(0)	30(2)	49(0)	71(0)	.....	59(0)	.....	356(8)	2.71	1.92
1928.....	470(17)	606 (2)	233 (6)	61(3)	4(3)	37(0)	26(2)	19(0)	78(0)	.....	48(2)	144(5)	167(9)	2.34	1.26
1929.....	450(21)	421 (4)	395(13)	80(7)	6(3)	30(1)	82(5)	14(0)	58(0)	.....	44(1)	14(4)	155(4)	3.51	2.45
1930.....	288 (8)	244 (3)	101 (5)	56(3)	6(5)	93(0)	87(6)	6(0)	88(1)	.....	4(0)	.....	175(5)	3.06	1.99
1931.....	200(14)	319 (3)	265 (1)	53(2)	2(1)	68(0)	20(0)	5(0)	74(0)	.....	60(3)	4(1)	171(3)	1.98	1.44
1932.....	282 (7)	299 (3)	35 (1)	35(2)	1(0)	15(0)	44(3)	.....	28(0)	.....	24(0)	1(0)	156(6)	1.93	1.05
1933.....	223 (5)	268 (0)	7 (0)	17(0)	1(1)	26(0)	64(3)	.....	31(1)	.....	32(1)	1(0)	130(5)	1.69	.63
1934.....	253 (8)	335 (0)	302 (2)	29(2)	1(1)	2(0)	25(2)	.....	49(3)	.....	13(0)	1(0)	125(6)	1.98	1.32
1935.....	193 (4)	372 (1)	115 (1)	39(4)	1(0)	101(0)	61(3)	1(0)	60(2)	.....	34(0)	1(1)	172(2)	1.46	.91
1936.....	103 (4)	1,354 (5)	549(14)	53(4)	5(4)	52(0)	13(2)	.....	41(0)	.....	26(1)	98(0)	221(6)	1.57	1.14
1937.....	53 (3)	641 (3)	162 (0)	44(0)	6(3)	29(0)	66(2)	.....	37(0)	.....	27(0)	+150 susp. 60(0)	221(15)	1.92	1.38
1938.....	88 (5)	419 (0)	13 (0)	34(1)	3(2)	15(0)	25(3)	1(0)	78(0)	.....	4(0)	+121 susp. 40(0)	176(4)	1.71	1.14
1939.....	152 (5)	372 (1)	24 (0)	40(0)	2(1)	19(0)	17(1)	1(0)	23(0)	.....	16(0)	+41 susp. 13(0)	126(5)	1.53	.86
1940.....	250 (2)	312 (0)	660 (4)	31(3)	1(1)	20(0)	59(7)	.....	73(0)	.....	23(0)	5(2)	166(7)	1.32	.54
1941.....	110 (2)	173 (1)	283 (3)	31(1)	14(0)	335(0)	5(0)	.....	91(0)	.....	18(0)	415(3)	228(15)	2.05	1.10
1942.....	189 (4)	596 (2)	389 (0)	31(0)	6(1)	805(1)	17(1)	.....	147(0)	.....	15(0)	+193 susp. 13(0)	234(9)	.67	.43
1943.....	130 (5)	758 (0)	274 (1)	23(0)	14(3)	717(0)	132(15)	.....	90(0)	.....	61(0)	.....	260(12)	1.30	.68
1944.....	80 (3)	1,137 (2)	311 (2)	33(0)	3(0)	325(1)	22(4)	.....	109(0)	.....	18(0)	26(3)	200(7)	.83	.49

1945.....	176 (7)	389 (0)	51 (0)	27(0)	4(1)	146(0)	12(0)	.....	113(0)	.....	22(0)	2(1)	225(4)	.96	.55
1946.....	137 (7)	233 (0)	166 (0)	24(0)	5(2)	163(0)	17(0)	.....	81(0)	.....	27(0)	10(2)	306(3)	1.06	.49
1947.....	53 (0)	76 (0)	381 (6)	12(0)	4(1)	110(0)	70(5)	.....	95(1)	.....	13(0)	252(1)	239(7)	1.61	1.34
1948.....	38 (3)	49 (0)	97 (0)	16(0)	3(1)	132(0)	34(0)	.....	94(0)	.....	13(0)	53(2)	175(4)	1.11	.88
1949.....	21 (0)	66 (0)	292 (2)	17(0)	3(0)	49(0)	24(0)	.....	61(0)	.....	32(0)	60(2)	162(2)	.73	.42
1950.....	14 (1)	79 (0)	104 (0)	11(0)	1(0)	20(0)	48(1)	.....	49(0)	.....	14(0)	35(0)	98(0)	.32	.16
1951.....	4 (0)	444 (0)	209 (2)	17(0)	6(1)	53(0)	65(0)	.....	76(0)	.....	38(1)	16(4)	84(0)	.65	.48
1952.....	1 (1)	58 (0)	84 (0)	8(0)	.....	53(0)	43(0)	.....	67(0)	.....	19(0)	144(7)	87(0)		
1953.....	2 (0)	27 (0)	117 (3)	.....	.....	41(0)	19(0)	.....	55(0)	.....	10(1)	+53 suspects 1,239(77)	93(6)		
1954.....	.....	13 (0)	45 (0)	11(0)	1(1)	39(0)	50(1)	.....	51(0)	.....	3(0)	162(2)	70(0)		
1955.....	.....	16 (0)	159 (1)	8(0)	5(0)	38(0)	108(0)	.....	30(0)	.....	13(0)	+185 Post Polio 20(0)	93(4)		
1956.....	41 (1)	21 (0)	115 (0)	7(0)	.....	.....	45(0)	.....	27(0)	.....	4(0)	24(1)	111(4)		
1957.....	32 (2)	25 (0)	86 (0)	2(0)	1(0)	17(0)	7(0)	.....	23(0)	.....	21(0)	73(1)	147(4)		





THE DOOR OF HOPE

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